## SALES INVOICE / SHIPPING MANIFEST

INVOICE	/MANIFEST # SO688	37	ACTUAL [	ACTUAL DATE AND TIME OF DEPARTURE 09/18/2019 03:05 PM					
ATTACHED PAGES No			ESTIMAT	ESTIMATED DATE AND TIME OF ARRIVAL					
	SHIP	PER INFORMATION		RECEIVER INFORMATION					
		C11-0000224-LIC		STATE LICENSE #		M11-18-0000		•	
		License		STATE LICENSE #		IVI I - 10-0000	057		
TYPE OF LICENSE License  BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer Licer	180			
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME			abis Company	Diotributi	nn	
CITY, STATE, ZIP CODE  Santa Cruz, CA			BUSINESS ADDRESS		265 E. Todd I		DISTIDUTI	JII	
950602126		'		CITY, STATE, ZIP CODE		Santa Rosa, CA 95407			
PHONE NUMBER (831) 600-7710			PHONE NUMBER		707-588-8811				
` ` ·		Miguel Felix		CONTACT NAME		707-300-0011			
CONTAC	TIVAWL	Iviiguei i eiix		CONTACT NAME					
			DISTRIBUTO	PR INFORMATION					
STATE LICENSE # C11-0000224-		C11-0000224-LIC		DRIVER'S NAME		Rodel Jardeleza			
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #		B82636677			
BUSINESS ADDRESS		195 Harvey West Blvd		VEHICLE MAKE		Ford			
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126		VEHICLE MODEL		Transit			
PHONE NUMBER		(831) 600-7710		VEHICLE LIC. PLATE #		54269L2			
CONTAC	T NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL					
		RECEIVER		HIPPED DETAILS Y THE SHADED COLUMNS BELO	OW				
					QTY	QTY UNIT		UNIT RETAIL	TOTAL RETAIL
UID	ITEM NAME					REC'IDOST	TOTAL COST		
ED0081] Heavenly Sweet Edible Munchies Ranch Crackers 100mg THC		THC		40	\$8.50	\$340.00			
ED0078] Heavenly Sweet Edible Munchies Lemon Buddies 100mg THC					40				
			PRODUC	T REJECTION					
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION ABOVE									
REASC	ON FOR RECECTION								
			PRODUCT RECE	EIPT CONFIRMATION					
I agree	to take custody of all ite oducts circled abbove ar	is shipment match in weight and cou ems as inicated received above - and e rejected for delivery and remain in	int as indicated above which are not circled		s indicat	ed in this form	and all attache	d produc	t detail
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT						HONE JMBER			
	TURE OF PERSON RE	CEIVING AND/OR			DA	ATE SIGNED			