SALES INVOICE / SHIPPING MANIFEST

SHIPPER INFORMATION STATE LICENSE # C11-0000224-LIC STATE LICENSE # C10-000326-LIC TYPE OF LICENSE License STATE LICENSE # C10-0000326-LIC TYPE OF LICENSE License STATE LICENSE # C10-0000326-LIC TYPE OF LICENSE License STATE LICENSE # C10-0000326-LIC TYPE OF LICENSE Retailer License BUSINESS NAME O2 Distribution, Inc. TYPE OF LICENSE Retailer License BUSINESS ADDRESS 195 Harvey West Blvd BUSINESS NAME La Florista CITY, STATE, ZIP CODE SANTA CTUZ, CA BUSINESS ADDRESS 242 Main Street 950602126 CITY, STATE, ZIP CODE Weed, CA 96094 PHONE NUMBER (831) 600-7710 PHONE NUMBER (530) 408-0420 CONTACT NAME Miguel Felix CONTACT NAME DISTRIBUTOR INFORMATION STATE LICENSE # C11-0000224-LIC DRIVER'S NAME Bradley Martinez 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 IIC. PLATE # 54269L2 CONTACT NAME Miguel Felix ACTUAL DATE AND TIME OF ARRIVAL PRODUCT SHIPPED DETAILS RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW UNIT TO RETAIL RE	INIVOICE/MANUEEST# SOCCO		ACTUAL DATE AND TIME	OF DEDARTURE	00/04/2010	01.05 D	M				
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I confirm that the contents of this shipment match in weight and count as indicated above.	I confirm that the contents of this	s shipment match in weight and cour		11014							
I agree to take custody of all items as inicated received above - and which are not circled.											
The products circled abbove are rejected for delivery and remain in the custody of the distributor for return to the shipper as indicated in this form and all attached product detasheet(s).	The products circled abbove are			to the shipper as ir	ndicated in	this form	and all attache	d product	t detail		
NAME OF PERSON RECEIVING AND/OR PHONE		3 AND/OR									
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