## SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO8000		ACTUAL DATE AND TIME OF DEPARTUR	ACTUAL DATE AND TIME OF DEPARTURE 11/27/2019 03:32 PM						
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL						
ATTACHED TACES INC		ESTIMATED BATE AND TIME OF AUTUAN	/ (L						
SHIPP	ER INFORMATION	RF(	RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LIC		STATE LICENSE # STATE LICENSE2 #		C10-0000510-LIC					
TYPE OF LICENSE License  BUSINESS NAME Oz Distribution, Inc.  BUSINESS ADDRESS 195 Harvey West Blvd		TYPE OF LICENSE		Retailer License MMD Hollywood					
		BUSINESS NAME							
CITY, STATE, ZIP CODE  Santa Cruz, CA			BUSINESS ADDRESS 1515 N Cahuenga Blvd						
CITT, STATE, ZIF CODE	950602126	CITY, STATE, ZIP CODE		Hollywood, CA 90028					
PHONE NUMBER (831) 600-7710		PHONE NUMBER		+1 877-420-5874					
CONTACT NAME Miguel Felix		CONTACT NAME		11 011 420 3014					
001117101111111111111111111111111111111	, mguair a ain	OSIVI/IOTIV WIL							
		DISTRIBUTOR INFORMATION							
CTATE LICENICE #	044 0000004 LIC	DDIVEDIO NAME		A a a a l D a dui au					
STATE LICENSE # C11-0000224-LIC BUSINESS NAME Oz Distribution, Inc.						angel Rodriguez			
BUSINESS ADDRESS 195 Harvey West Blvd		CA DRVR LIC #  VEHICLE MAKE		B9147506 Ford					
CITY, STATE, ZIP CODE  Santa Cruz, CA 950602126		VEHICLE MODEL		Transit					
PHONE NUMBER (831) 600-7710		VEHICLE LIC. PLATE #		54269L2					
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME O		04203E2					
	· ·	ARRIVAL							
	RECEIVE	PRODUCT SHIPPED DETAILS R COMPLETES ONLY THE SHADED COLUMNS BEL	LOW						
UID ITEM NAME				QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE		
[CT00226] S -Oz Indica Crumble Purple Punch 1g				\$0.01	\$0.03				
[FL00378] S - Kanebes Indica Preroll Purple Punch 0.8g				\$0.01	\$0.03				
[FL00425] S - Kanebes Sativa Preroll Mike Larry 0.8g				\$0.01	\$0.03				
[FL00424] S - Kanebes Hybrid Preroll Wedding Cake 0.8g				\$0.01	\$0.03				
		PRODUCT REJECTION							
IF PRODUCTS	S ARE REJECTED PLEASE CIR	CLE THE ITEMS BEING REJECTED IN THE PRODUC	CT SHIPPE	ED DETAILS S	SECTION ABO	VE			
REASON FOR RECECTION									
KLASON FOR KLOLOTION									
		PRODUCT RECEIPT CONFIRMATION							
I confirm that the contents of this sagree to take custody of all items. The products circled abbove are resheet(s).	s as inicated received above - an		as indicate	ed in this form	and all attache	d produc	t detail		
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT				ONE MBER					
SIGNATURE OF PERSON RECE REJECTING PRODUCT		DA	TE SIGNED						