SALES INVOICE / SHIPPING MANIFEST

INIVOICE/I	MANIFEST # SO7232		ACTUAL F	DATE AND TIME OF DEPARTUR	E 10/25/2010 03:	46 D	M			
INVOICE/MANIFEST # SO7232 ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL						
SHIPPER INFORMATION				RECEIVER INFORMATION						
STATE LIC	ATE LICENSE # C11-0000224-LIC			STATE LICENSE #	C10-000	9-LIC				
TYPE OF LICENSE License				STATE LICENSE2#						
BUSINES	BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE	Retailer	Licer	nse			
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME	Genius	Genius				
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS	7569 Me	7569 Melrose Ave					
950602126			CITY, STATE, ZIP CODE	Los Ang	eles,	CA 90046				
PHONE NUMBER (831) 600-7710			PHONE NUMBER	0	0					
CONTACT NAME Miguel Felix				CONTACT NAME						
			DISTRIBUTO	R INFORMATION						
CTATE LIC	C14 0000224 LIC			DDIVED'S NAME	Angel De	Angel Dedrigues				
STATE LICENSE #		C11-0000224-LIC		DRIVER'S NAME		Angel Rodriguez				
		Oz Distribution, Inc.		CA DRVR LIC #	Ford	B9147506				
BUSINESS ADDRESS 195 Harvey West Blvd				VEHICLE MAKE VEHICLE MODEL	Transit					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				VEHICLE MODEL VEHICLE LIC. PLATE #	54269L2					
PHONE NUMBER (831) 600-7710 CONTACT NAME Miquel Felix		Miguel Felix		ACTUAL DATE AND TIME OF						
CONTACT	IVAIVIE	Milguel Felix		ARRIVAL						
		DEOE!\/E		HIPPED DETAILS	2147					
		RECEIVE	R COMPLETES ONLY	THE SHADED COLUMNS BELC	JVV					
								UNIT	TOTAL	
					QTY QTY UN	IT		RETAIL	RETAIL	
UID ITEM NAME				ORD REC'IDO	ST	TOTAL COST	VALUE	VALUE		
Kanebes Indica Flower Wedding Cake 14g. SMALLS					16 \$3	32.50	\$520.00			
				T REJECTION						
	IF PRODUCTS	ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEIN	G REJECTED IN THE PRODUCT	I SHIPPED DETA	AILS	SECTION ABO	VE		
REASO	N FOR RECECTION									
			PRODUCT RECE	EIPT CONFIRMATION						
Lconfirm	that the contents of this s	hipment match in weight and cou								
		as inicated received above - and								
_	ducts circled abbove are re			tributor for return to the shipper as	s indicated in this	form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER					
SIGNATURE OF PERSON RECEIVING AND/OR					DATE SIGN	IED				
	ING PRODUCT				2.112 0.014					