SALES INVOICE / SHIPPING MANIFEST

		571	LLS II VO	ICL / D			, 1					
INVOICE/MANIFEST # SO7439 AC				ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 10/30/2019 08:13 AM							
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE L	ICENSE #	C11-0000224-LIC			STATE LICENSE #		C12-	0000201				
TYPE OF	PE OF LICENSE License				STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Inc.			nc.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd			Blvd		BUSINESS NAME		Frost	ty Flowers	5			
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		Santa Cruz, CA			BUSINESS ADDRESS	300 Pendleton Way #340						
				CITY, STATE, ZIP CODE		Oakland, CA 94621						
PHONE NUMBER (831) 600-7710				PHONE NUMBER		0						
CONTAC	T NAME	Miguel Felix			CONTACT NAME							
			D	ISTRIBUTOR	RINFORMATION							
STATE LICENSE # C11-0000224-		C11-0000224-LIC	<u> </u>		DRIVER'S NAME	Angel Rodrigu			Jez			
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		B9147506					
BUSINESS ADDRESS		195 Harvey West Blvd			VEHICLE MAKE		Ford					
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126			VEHICLE MODEL Transit			sit				
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE # 54:			54269L2				
CONTAC	T NAME	Miguel Felix			ACTUAL DATE AND TIME OF ARRIVAL							
					IIPPED DETAILS THE SHADED COLUMNS BELO	OW						
UID	ITEM NAME						QTY REC'		TOTAL COST		TOTAL RETAIL VALUE	
[CT00208] Summit Boys Caviar Crumble Gelato 1g								\$17.50	\$0.00			
[CT00210] Summit Boys Caviar Crumble Forbidden Fruit 1G						12	2	\$16.00	\$192.00			
CT00109] Summit Boys Caviar Crumble Double Scotts OG 1g						12	2	\$16.00	\$192.00			
				PRODUCT	REJECTION							
	IF PRODU	CTS ARE REJECTED PI	LEASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	T SHIPF	PED D	ETAILS S	SECTION ABO	VE		
REASC	ON FOR RECECTION											
			PROF	DUCT RECE	PT CONFIRMATION							
Lconfirm	m that the contents of the	nis shipment match in we			i i colu il divitti ole							
I agree	to take custody of all it oducts circled abbove a	ems as inicated received	above - and which are	e not circled.	ributor for return to the shipper a	s indicat	ted in	this form a	and all attached	d product	t detail	
NAME OF PERSON RECEIVING AND/OR						PH	HONE					
REJECTIONG PRODUCT							UMBE					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						DA	ATE S	IGNED				