SALES INVOICE / SHIPPING MANIFEST

	571					, 1						
INVOICE/MANIFEST # SO7075 ATTACHED PAGES No			ACTUAL DATE AND TIME OF DEPARTURE 10/02/2019 04:18 PM ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION				RECEIVER INFORMATION								
STATE LICENSE #	C11-0000224-LIC			STATE LICENSE #		C10-	-0000576-	LIC				
TYPE OF LICENSE	License			STATE LICENSE2#								
BUSINESS NAME	Oz Distribution, In	Inc.		TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS	195 Harvey West	Vest Blvd		BUSINESS NAME		The Honest Choice						
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS	DRESS 4701 Main St. Suite D							
				CITY, STATE, ZIP CODE	Denair, CA 95316							
PHONE NUMBER (831) 600-7710				PHONE NUMBER		209-427-2048						
CONTACT NAME			CONTACT NAME									
		D	ISTRIBUTOF	RINFORMATION								
STATE LICENSE # C11-0000224-LIC				DRIVER'S NAME			Angel Rodriguez					
BUSINESS NAME Oz Distribution, In				CA DRVR LIC #		B9147506						
BUSINESS ADDRESS 195 Harvey West B		t Blvd		VEHICLE MAKE		Ford						
CITY, STATE, ZIP CODE Santa Cruz, CA 95060		50602126	602126 VEHICL			Tran	sit					
PHONE NUMBER (831) 600-7710				VEHICLE LIC. PLATE #			54269L2					
CONTACT NAME	Miguel Felix			ACTUAL DATE AND TIME OF ARRIVAL								
				IIPPED DETAILS THE SHADED COLUMNS BELO	OW							
UID ITEM NAME						QTY		TOTAL COST		TOTAL RETAIL VALUE		
[ED00118] Dollar Dose - lozenge - Indica Apple - 5mg					30		\$0.50	\$150.00				
[ED00118] Dollar Dose - lozenge - Indica Apple - 5mg						0	\$0.50	\$0.00				
[ED00124] S - Dollar Dose - lozenge - Indica Apple - 5mg					10	0	\$0.01	\$1.00				
			PRODUCT	REJECTION								
IF PROD	DUCTS ARE REJECTED PL	EASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	T SHIPI	PED D	ETAILS S	ECTION ABO	VE			
REASON FOR RECECTIO	N											
		PROI	DUCT RECE	PT CONFIRMATION								
I confirm that the contents of	of this shipment match in wei											
,	ll items as inicated received a e are rejected for delivery an			ributor for return to the shipper a	s indica	ted in	this form a	and all attached	d product	detail		
NAME OF PERSON RECEIVING AND/OR				PHONE								
REJECTIONG PRODUCT				NUMBER								
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					D	ATE S	SIGNED					