SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6883			ACTUAL DATE AND TIME OF DEPARTURE 09/18/2019 03:32 PM						
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL						
	SHIPP	ER INFORMATION	RECEIVER INFORMATION						
STATE LIG	CENSE #	C11-0000224-LIC	STATE LICENSE #	C10	-0000411-	LIC			
	LICENSE	License	STATE LICENSE2 #						
BUSINES	S NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Reta	ailer Licens	se			
BUSINESS ADDRESS 195 Harvey West Blvd		195 Harvey West Blvd	BUSINESS NAME	Lea	Leave it to Nature				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		Santa Cruz, CA	BUSINESS ADDRESS	5340 Shasta Dam Blvd					
		950602126	CITY, STATE, ZIP CODE		Shasta Lake, CA 94619				
PHONE NUMBER (831) 600-7710		(831) 600-7710	PHONE NUMBER	530-	530-691-7199				
CONTACT	TNAME	Miguel Felix	CONTACT NAME						
			DISTRIBUTOR INFORMATION						
STATE LIG	CENSE #	C11-0000224-LIC	DRIVER'S NAME	Brad	dley Martin	ez			
BUSINESS NAME		Oz Distribution, Inc.	CA DRVR LIC #	B94	B9489158				
BUSINESS ADDRESS		195 Harvey West Blvd	VEHICLE MAKE	Ford	Ford				
CITY, STATE, ZIP CODE Santa Cruz, CA 950		Santa Cruz, CA 950602126	VEHICLE MODEL	Trar	Transit				
PHONE N	IUMBER	(831) 600-7710	VEHICLE LIC. PLATE #	5420	69L2				
CONTACT	TNAME	Miguel Felix	ACTUAL DATE AND TIME O ARRIVAL	F					
		DECEIVED COM	PRODUCT SHIPPED DETAILS	1.014					
		RECEIVER COIV	MPLETES ONLY THE SHADED COLUMNS BEI	LOVV					
							UNIT	TOTAL	
				QTY QTY	UNIT		RETAIL	RETAIL	
JID	ITEM NAME			ORD REC	DOST	TOTAL COST	VALUE	VALUE	
CO00164] Heavenly Sweet Edible Cannabutter 1000mg THC 4oz				20	\$22.00	\$440.00			
CO00165	Heavenly Sweet Edible C	cannabutter 2000mg THC 4 oz		20	\$33.00	\$660.00			
			PRODUCT REJECTION						
	IF PRODUCTS	ARE REJECTED PLEASE CIRCLE TH	HE ITEMS BEING REJECTED IN THE PRODUC	CT SHIPPED D	DETAILS S	ECTION ABO	VE		
REASO	N FOR RECECTION								
		PF	RODUCT RECEIPT CONFIRMATION						
I confirm	n that the contents of this s	shipment match in weight and count as in							
		as inicated received above - and which							
The prod		ejected for delivery and remain in the cu	stody of the distributor for return to the shipper	as indicated in	this form a	and all attache	d produc	t detail	
sheet(s)									
		AND (OD							
NAME C	OF PERSON RECEIVING	AND/OR		PHONE					
NAME C				NUMBE					