SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6396			ACTUAL	ACTUAL DATE AND TIME OF DEPARTURE 08/29/2019 04:11 PM							
ATTACHED PAGES No			ESTIMA	ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION				RECEIVER INFORMATION							
STATE L	ICENSE #	C11-0000224-LIC		STATE LICENSE #		C10-18-0000047-TEMP					
TYPE OF LICENSE License			STATE LICENSE2 #								
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME		Santa Barbara Collective					
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS		2609 de la vina					
950602126				CITY, STATE, ZIP CODE		santa barbara, CA 93101					
PHONE NUMBER (831) 600-7710			PHONE NUMBER		805 7050656						
CONTACT NAME Miguel Felix				CONTACT NAME							
			DIOTRIBUT	TOD INFORMATION							
			DISTRIBUT	FOR INFORMATION							
STATE L	ICENSE #	C11-0000224-LIC		DRIVER'S NAME		Rodel Jardele	eza				
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #	B82636677						
BUSINESS ADDRESS		195 Harvey West Blvd		VEHICLE MAKE	Ford						
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126		VEHICLE MODEL		Transit					
PHONE NUMBER		(831) 600-7710		VEHICLE LIC. PLATE #		54269L2					
CONTAC	CT NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL							
		RECEIVE		SHIPPED DETAILS ILY THE SHADED COLUMNS BELO	W						
UID	ITEM NAME					QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE		
CO0016	4] Heavenly Sweet Edible	e Cannabutter 1000mg THC 4oz			10	\$22.00	\$220.00				
[CO00165] Heavenly Sweet Edible Cannabutter 2000mg THC 4 oz					20	\$33.00	\$660.00				
			PRODU	JCT REJECTION							
	IF PRODUC	TS ARE REJECTED PLEASE CIRC	CLE THE ITEMS BE	ING REJECTED IN THE PRODUCT	SHIPPI	ED DETAILS	SECTION ABO	VE			
REASO	ON FOR RECECTION										
				CEIPT CONFIRMATION							
I agree	to take custody of all iter oducts circled abbove are	s shipment match in weight and count as as inicated received above - and rejected for delivery and remain in	d which are not circle		indicate	ed in this form	and all attache	d produc	t detail		
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT				PHONE NUMBER							
	TURE OF PERSON REC	CEIVING AND/OD			D.4	TE SIGNED					