SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6806				ACTUAL DATE AND TIME OF DEPARTURE 09/10/2019 03:48 PM							
ATTACH	ED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL							
	SHIPF	PER INFORM	ATION		REC	EIVE	ER IN	FOF	RMATION	1	
STATE LICENSE # C11-0000224-LIC				STATE LICENSE #			C10-000	ากวดย.	.I IC		
TYPE OF LICENSE		License		STATE LICENSE2 #			C 10-000	00290	·LIC		
		Oz Distribution, In	n. Inc.		TYPE OF LICENSE		Retailer	Licen	Se.		
BUSINESS ADDRESS 195 Harvey West Blvd					BUSINESS NAME		Golden State Greens				
CITY, STATE, ZIP CODE Santa Cruz, CA					BUSINESS ADDRESS		3452 Ha				
		950602126			CITY, STATE, ZIP CODE		San Diego, CA 92110				
PHONE NUMBER		(831) 600-7710			PHONE NUMBER	619-268-8035					
CONTACT NAME Miguel Felix				CONTACT NAME							
			[DISTRIBUTOF	INFORMATION						
STATE L	ICENSE #	C11-0000224-LIC			DRIVER'S NAME		Brandon Sumandal				
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		D1309712				
BUSINESS ADDRESS		195 Harvey West Blvd			VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126			VEHICLE MODEL		Transit				
PHONE NUMBER CONTACT NAME		(831) 600-7710			VEHICLE LIC. PLATE #		54269L2	2			
CONTAC	I NAME	Miguel Felix			ACTUAL DATE AND TIME OF ARRIVAL						
					IPPED DETAILS THE SHADED COLUMNS BELO	DW					
UID	ITEM NAME						QTY UN		TOTAL COST		TOTAL RETAIL
טוט	Royal Tree Hybrid Flower Banana Og 3.5g					32		20.00	\$640.00		VALUE
Royal Tree Indoor Flow							\$23.00				
Royal Tree Hybrid Indoor Flower Black Tr			*					20.00	\$640.00		
Dreamers Edible Chocolate Inc			- -					\$8.50	\$8.50		
	Dreamers Edible Choco	late Hybrid 100mg				20)	\$8.50	\$170.00		
[ED0015] Dollar Dose - lozenge - Indica Apple - 5mg								\$0.50	\$100.00		
[ED00432] Dollar Dose - lozenge - Sativa Hibiscus - 5mg					:			\$0.50	\$100.00		
[ED00433	B] Dollar Dose - lozenge -	Sativa Watermelon - 5r	mg			200	0	\$0.50	\$100.00		
					REJECTION						
	IF PRODUCT	S ARE REJECTED PL	EASE CIRCLE THE	ITEMS BEING	REJECTED IN THE PRODUCT	SHIPF	PED DE L	AILS S	SECTION ABO	VE	
REASC	ON FOR RECECTION										
			PRO	DUCT RECEI	PT CONFIRMATION						
	m that the contents of this	•	ght and count as indi	icated above.							
_					ibutor for return to the shipper as	s indicat	ted in this	form	and all attache	d product	t detail
	OF DEDOOM BEGE!! '''.	AND/OD					LIONE				
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT							HONE UMBER				
	TURE OF PERSON REC	EIVING AND/OR			DATE SIGNED						

REJECTING PRODUCT