## SALES INVOICE / SHIPPING MANIFEST

SHIPPER INFORMATION  STATE LICENSE # C11-0000224-LIC STATE LICENSE # C11-0000415-LIC TYPE OF LICENSE License STATE LICENSE # C11-0000415-LIC TYPE OF LICENSE License STATE LICENSE # C11-0000415-LIC TYPE OF LICENSE NAME Oz Distribution, Inc. TYPE OF LICENSE Retailer License BUSINESS NAME Oz Distribution, Inc. TYPE OF LICENSE Retailer License BUSINESS ADDRESS 195 Harvey West Bivd BUSINESS NAME Compassionate Heart Mutual Benefit Ass CITY, STATE, ZIP CODE Santa Cruz, CA BUSINESS ADDRESS HITS 190 Kuki Lane #2 950602126 CITY, STATE, ZIP CODE Ukiah, CA 95482 PHONE NUMBER (831) 600-7710 PHONE NUMBER 707.462.5100  CONTACT NAME Miguel Felix CONTACT NAME  DISTRIBUTOR INFORMATION  STATE LICENSE # C11-0000224-LIC DRIVER'S NAME RODE B82636677 BUSINESS NAME OZ DISTRIBUTION, Inc. CA DRIVE LIC # B82636677 BUSINESS ADDRESS 195 Harvey West Bivd VEHICLE MAKE Ford CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 VEHICLE MAKE Ford CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 VEHICLE MAKE FORD CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 VEHICLE MODEL Transit PHONE NUMBER (831) 600-7710 VEHICLE LIC. PLATE # 54269L2  CONTACT NAME Miguel Felix ACTUAL DATE AND TIME OF ARRIVAL  PRODUCT SHIPPED DETAILS  RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW	INVOICE/MANIFEST # SO6	2045	ACTUAL DATE AND TIME OF DEDARTURE	00/12/2010 02:50 B	NA.				
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The products circled abbove are rejected for delivery and remain in the custody of the distributor for return to the shipper as indicated in this form and all attached product desheet(s).	The products circled abbove			ndicated in this form	and all attached	product of	letail		
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