## SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO493	32 ACTI	JAL DATE AND TIME OF DEPARTURE	= 05/15/2010 02:00 P	M			
ATTACHED PAGES No		MATED DATE AND TIME OF DEPARTORE		IVI			
SHIPPER INFORMATION		RECEIVER INFORMATION					
STATE LICENSE #	A11-18-0000248-TEMP	STATE LICENSE #	M10-17-0000	M10-17-0000052-TEMP			
TYPE OF LICENSE	Adult-Use Distribution Temporary Licence	STATE LICENSE2 #					
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer License				
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	ALTERNATIVES A HEALTH COLLECTIVE				
CITY, STATE, ZIP CODE	Santa Cruz, CA	BUSINESS ADDRESS	1603 HAMPT	1603 HAMPTON WAY			
	950602126	CITY, STATE, ZIP CODE	Santa Rosa, CA 95407				
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	707-525-1420	707-525-1420			
CONTACT NAME	Miguel Felix	CONTACT NAME					
	DISTRIE	BUTOR INFORMATION					
STATE LICENSE #	A11-18-0000248-TEMP	DRIVER'S NAME	Francisco Maldorado				
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC #	F2095173	F2095173			
BUSINESS ADDRESS	195 Harvey West Blvd	VEHICLE MAKE	Ford	Ford			
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126	VEHICLE MODEL	Transit	Transit			
PHONE NUMBER	(831) 600-7710	VEHICLE LIC. PLATE #	54269L2	54269L2			
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF ARRIVAL					
		CT SHIPPED DETAILS ONLY THE SHADED COLUMNS BELC	DW .		UNIT	TOTAL	
JID ITEM NAME			QTY QTY UNIT	TOTAL COST	RETAIL	RETAIL	
CO00402] The Oz Hybrid Banan	na Cream Crumble 1g		50 \$13.00				
[CO00410] The Oz Indica Mango			50 \$13.00	\$650.00			
	PRO	DUCT REJECTION					
IF PRODUC	CTS ARE REJECTED PLEASE CIRCLE THE ITEMS	BEING REJECTED IN THE PRODUCT	SHIPPED DETAILS	SECTION ABO	VE		
REASON FOR RECECTION							
	PROPUST	DECEIDT CONFIDMATION					
Loonfirm that the contents of th		RECEIPT CONFIRMATION					
I agree to take custody of all ite	nis shipment match in weight and count as indicated a ems as inicated received above - and which are not ci re rejected for delivery and remain in the custody of th	rcled.	indicated in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVII	NG AND/OR		PHONE NUMBER				
SIGNATURE OF PERSON RE	ECEIVING AND/OR		DATE SIGNED				