SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6885			ACTUA	ACTUAL DATE AND TIME OF DEPARTURE 09/17/2019 03:23 PM					
ATTACHED PAGES No			ESTIM	ESTIMATED DATE AND TIME OF ARRIVAL					
SHIPPER INFORMATION				RECEIVER INFORMATION					
STATE LICENSE # C11-		C11-0000224-LIC	IC STATE LICENSE #		C10-0000405-LIC				
TYPE OF LICENSE		License		STATE LICENSE2#	C.	C10-0000405-LIC			
BUSINESS NAME Oz Distribution, Inc.		Oz Distribution, Inc.		TYPE OF LICENSE	Re	Retailer License			
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME	Co	Cookies Melrose				
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS	83	8360 W Melrose Ave #101				
950602126		950602126		CITY, STATE, ZIP CODE	W	West Hollywood, CA 90069			
PHONE NUMBER (831) 600-		(831) 600-7710		PHONE NUMBER	32	323-433-4743			
CONTACT NAME Miguel Felix			CONTACT NAME						
			DISTRIBIL	TOR INFORMATION					
			DISTRIBU	TOR INFORMATION					
STATE LICENSE #		C11-0000224-LIC		DRIVER'S NAME	ıΑ	Angel Rodriguez			
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #	BS	B9147506			
BUSINESS ADDRESS		195 Harvey West Blvd		VEHICLE MAKE	Fo	Ford			
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126		VEHICLE MODEL	Transit				
PHONE NUMBER		(831) 600-7710		VEHICLE LIC. PLATE #	54269L2				
CONTACT	Г NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL					
		RECEIVE		T SHIPPED DETAILS NLY THE SHADED COLUMNS BELOV	W				
JID	ITEM NAME					Y UNIT	TOTAL COST		TOTAL RETAIL VALUE
[ED0067] Heavenly Sweet Edible Treats Fruity 100mg THC					70	\$7.50	\$525.00		
	S - Heavenly Sweet Ed	ible Treats Fruity 100mg THC			1	\$0.01	\$0.01		
			PROD	UCT REJECTION					
	IF PRODUCT	TS ARE REJECTED PLEASE CIRC	CLE THE ITEMS BI	EING REJECTED IN THE PRODUCT	SHIPPED	DETAILS	SECTION ABO	VE	
REASO	N FOR RECECTION								
			PRODUCT RE	ECEIPT CONFIRMATION					
I agree t	to take custody of all iten ducts circled abbove are	s shipment match in weight and couns as inicated received above - and rejected for delivery and remain in	d which are not circ		indicated	in this form	and all attache	d produc	t detail
sheet(s)									
NAME C	OF PERSON RECEIVING	G AND/OR			PHOI	NE			
REJECTIONG PRODUCT				NUM					
CICNIAT	SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT				DATE	SIGNED			