SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO48	43 ACT	TUAL DATE AND TIME OF DEPARTURE	05/01/2019 11·39 AM	
ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRIVAL		
SHIPPER INFORMATION		RECEIVER INFORMATION		
STATE LICENSE #	A11-18-0000248-TEMP	STATE LICENSE #	A10-18-0000136-TEMP	
TYPE OF LICENSE	Adult-Use Distribution Temporary Licence	STATE LICENSE2#	A10-10-0000130-1EIWII	
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer License	
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME BUSINESS ADDRESS CITY, STATE, ZIP CODE PHONE NUMBER	Lakeside Herbal Solutions 4345 Mullen Ave Clearlake, CA 95422 707-994-3721	
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126			
PHONE NUMBER	(831) 600-7710			
CONTACT NAME	Miguel Felix	CONTACT NAME		
	DISTR	BUTOR INFORMATION		
STATE LICENSE #	A44 49 0000249 TEMP	DDIVED'S NAME	Art Donner	
STATE LICENSE #	A11-18-0000248-TEMP	DRIVER'S NAME	Art Danner C3745415	
BUSINESS NAME BUSINESS ADDRESS	Oz Distribution, Inc. 195 Harvey West Blvd	CA DRVR LIC # VEHICLE MAKE	C3/45415 Ford	
	Santa Cruz, CA 950602126	VEHICLE MODEL	Transit	
CITY, STATE, ZIP CODE PHONE NUMBER	(831) 600-7710	VEHICLE LIC. PLATE #	54269L2	
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF	54209L2	
CONTACT NAME	wilgues i elix	ARRIVAL		
		UCT SHIPPED DETAILS SONLY THE SHADED COLUMNS BELOW	1	
				TAL
			QTY QTY UNIT RETAIL RE	
UID ITEM NAME			ORD REC'IDOST TOTAL COST VALUE VA	LUE
[FL00973] Royal Tree Indoor Flo	ower White Buffalo 3.5g		40 \$20.00 \$800.00	
	PRO	ODUCT REJECTION		
IF PRODUC	CTS ARE REJECTED PLEASE CIRCLE THE ITEMS	S BEING REJECTED IN THE PRODUCT S	HIPPED DETAILS SECTION ABOVE	
REASON FOR RECECTION				
	PPODLICT	RECEIPT CONFIRMATION		
I confirm that the contents of the	nis shipment match in weight and count as indicated			
I agree to take custody of all ite	ems as inicated received above - and which are not or re rejected for delivery and remain in the custody of	circled.	dicated in this form and all attached product dat	lies
sheet(s).	and to the state of the state o		and an alladina product dot	
NAME OF PERSON RECEIVING AND/OR			PHONE	
REJECTIONG PRODUCT			NUMBER	
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT			DATE SIGNED	