SALES INVOICE / SHIPPING MANIFEST

INIVOICE	E/MANIFEST # SO621	5		ACTUAL D	ATE AND TIME OF DE	EDADTI IDE	08/21/	2010	02:05 DI	./			
INVOICE/MANIFEST # SO6215 ATTACHED PAGES No				ACTUAL DATE AND TIME OF DEPARTURE 08/21/2019 02:05 PM ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION								
STATE LICENSE # C11-0000224-LIC			C		STATE LICENSE #			A10-18-0000272-TEMP					
TYPE OF LICENSE		License			STATE LICENSE2#								
BUSINESS NAME		Oz Distribution, In	nc.		TYPE OF LICENSE			Retailer License					
BUSINESS ADDRESS		195 Harvey West	t Blvd		BUSINESS NAME			Patients Care First					
CITY, S	TATE, ZIP CODE	Santa Cruz, CA			BUSINESS ADDRES	SS		1442 Angie AVE					
		950602126			CITY, STATE, ZIP CODE			Mode	sto, CA	95351			
PHONE NUMBER		(831) 600-7710			PHONE NUMBER		(209) 554-0802						
CONTAC	CT NAME	Miguel Felix			CONTACT NAME								
				DISTRIBUTOR	R INFORMATION								
STATE LICENSE #		C11-0000224-LIC			DRIVER'S NAME			Angel Rodriguez					
BUSINESS NAME		Oz Distribution, II	Oz Distribution, Inc.		CA DRVR LIC #			B9147506					
BUSINESS ADDRESS		195 Harvey West	195 Harvey West Blvd		VEHICLE MAKE			Ford					
CITY, STATE, ZIP CODE		Santa Cruz, CA 9	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								
UID [CO0040	ITEM NAME 22] The Oz Hybrid Banana The Oz Indica OG She The Oz - True OG - Ind The Oz Hybrid Gorilla of The Oz Indica Wedding Dreamers Edible Choc Dreamers Edible Choc	rbet Crumble 1g dica Crumble - 1g Cake Crumble 1g g Cake Crumble 1g olate Sativa 100mg olate Hybrid 100mg					QTY (0 ORD I 40 40 40 40 10 10 10 10			\$480.00 \$480.00 \$480.00 \$480.00 \$80.00	VALUE	TOTAL RETAIL VALUE	
	IF PRODUC	TS ARE REJECTED PI	LEASE CIRCLE THE		REJECTION GREJECTED IN THE I	PRODUCT	SHIPPE	ED DI	ETAILS S	SECTION ABO	VE		
REAS	ON FOR RECECTION												
I agree The pr sheet(rm that the contents of this e to take custody of all iter roducts circled abbove are s).	ms as inicated received e rejected for delivery a	eight and count as ind I above - and which a	dicated above. are not circled.	IPT CONFIRMATION	shipper as i		ed in t	his form	and all attache	d product	detail	
REJECTIONG PRODUCT							MBEI	3					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT								DATE SIGNED					