SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6623				ACTUAL DATE AND TIME OF DEPARTURE 10/01/2019 07:16 PM							
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION					RECEIVER INFORMATION						
STATE LICENSE #		C11-0000224-LIC	C11-0000224-LIC		STATE LICENSE #		C10-0000504-LIC				
	LICENSE	License			STATE LICENSE2#						
BUSINESS NAME Oz Distribution, Inc.				TYPE OF LICENSE		Retailer Lice	nse				
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME Remedy Inc							
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		BUSINESS ADDRESS		BUSINESS ADDRESS	68945 VISTA CHINO ST						
		950602126			CITY, STATE, ZIP CODE		Cathedral City, CA 92234				
PHONE NUMBER (831)		(831) 600-7710	PHONE NUMBE		PHONE NUMBER		(206) 450-6544				
CONTACT NAME Miguel Felix					CONTACT NAME						
				DISTRIBUTO	R INFORMATION						
STATE LICENSE #		C11-0000224-LIC	C11-0000224-LIC		DRIVER'S NAME		Angel Rodriguez				
BUSINESS NAME		Oz Distribution, Inc.	Oz Distribution, Inc.		CA DRVR LIC #		B9147506				
BUSINESS ADDRESS		195 Harvey West Blvd			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						
		F			HIPPED DETAILS THE SHADED COLUMNS BEL	OW					
									UNIT	TOTAL	
IID.	ITEMA NIANAE						QTY UNIT	TOTAL 000T		RETAIL	
JID	ITEM NAME Kanebes Sativa Flower Cream Lemon OG 28g SMALLS							TOTAL COST		VALUE	
Kanebes Sativa Flower Cre						10					
		-				10					
Kanebes Hybrid Flower Whitezilla 28g Smalls FL00193] Kanebes Hybrid Flower Whitezilla 14g Smalls					15						
Kanebes Hybrid Flower 76 kush 14g SMALLS					15						
Kanebes Hybrid Flower 76 kush 28g SMALLS					10						
Kanebes Hybrid Flower Strawberry Lemon 28g SMALLS		SMALLS				\$68.00					
				PRODUC1	REJECTION						
	IF PRODUC	CTS ARE REJECTED PLEA	ASE CIRCLE THE		G REJECTED IN THE PRODUC	T SHIPP	PED DETAILS	SECTION ABO	VE		
REASO	N FOR RECECTION										
			85.	ODUOT DESE	IDT CONFIDMATION						
I confirm	n that the contents of th	is shipment match in weigh			IPT CONFIRMATION						
I agree t	to take custody of all ite ducts circled abbove ar	ems as inicated received ab	oove - and which a	are not circled.	ributor for return to the shipper a	s indicat	ed in this form	and all attache	d produc	t detail	
NAME (OF PERSON RECEIVIN	NG AND/OR				PH	HONE				
REJECTIONG PRODUCT							JMBER				
SIGNATURE OF PERSON RECEIVING AND/OR						D/	ATE SIGNED				

REJECTING PRODUCT