SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7	779	ACTUAL DATE AND TIME OF DEPA	\DTI IDE 11/01	/2010 02:27 D	M			
INVOICE/MANIFEST # SO7773 ATTACHED PAGES No		ESTIMATED DATE AND TIME OF A		/2019 03.21 F	IVI			
SHI	PPER INFORMATION	F	RECEIVER INFORMATION					
STATE LICENSE #	CENSE # C11-0000224-LIC STATE LICENSE #			C10-0000111	-LIC			
TYPE OF LICENSE	License	STATE LICENSE2 #						
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	BUSINESS NAME Davis Cannabis Collective					
CITY, STATE, ZIP CODE	Santa Cruz, CA	-		2121 2nd Street Suite C101				
950602126		CITY, STATE, ZIP CODE		Davis, CA 95618				
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	PHONE NUMBER (530) 747-2057					
CONTACT NAME Miguel Felix		CONTACT NAME						
		DISTRIBUTOR INFORMATION						
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME		Angel Bodrig	107			
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC #		Angel Rodriguez 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 #	ŧ	54269L2				
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIM	ACTUAL DATE AND TIME OF					
		ARRIVAL						
		PRODUCT SHIPPED DETAILS						
	RECEIVE	R COMPLETES ONLY THE SHADED COLUMNS	S BELOW					
						UNIT	TOTAL	
			QTY	QTY UNIT		RETAIL	RETAIL	
UID ITEM NAME			ORD	REC'IDOST	TOTAL COST	VALUE	VALUE	
[CT00127] Summit Boys Pacific Gas Live Resin Caviar Diamonds .5g			36	\$18.00	\$648.00			
CT00170] The Oz Indica Crum		36	\$12.00	\$432.00				
		PRODUCT REJECTION						
IF PRODU	JCTS ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEING REJECTED IN THE PRO	ODUCT SHIPP	ED DETAILS	SECTION ABO	VE		
REASON FOR RECECTION								
		PRODUCT RECEIPT CONFIRMATION						
I confirm that the contents of	this shipment match in weight and cou	int as indicated above.						
,	items as inicated received above - and are rejected for delivery and remain in	d which are not circled. the custody of the distributor for return to the ship	pper as indicat	ed in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIV	ING AND/OR			IONE JMBER				
SIGNATURE OF PERSON R REJECTING PRODUCT	ECEIVING AND/OR		DA	ATE SIGNED				