SALES INVOICE / SHIPPING MANIFEST

		5711	LLO II (O)	CL / D		II LOI					
INVOICE/MANIFEST # SO6302			ACTUAL DATE AND TIME OF DEPARTURE 08/16/2019 12:17 PM								
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL							
	SHIF	PPER INFORMA	NOITA		REC	CEIVER	INFO	RMATION	1		
STATE	LICENSE #	C11-0000224-LIC			STATE LICENSE #	A ²	10-18-00002	13-TEMP			
TYPE O	PE OF LICENSE License				STATE LICENSE2#						
BUSINE	SUSINESS NAME Oz Distribution, Inc.		С.		TYPE OF LICENSE	Re	etailer Licen	se			
BUSINE	USINESS ADDRESS 195 Harvey West Blvd		Blvd		BUSINESS NAME		California Compassionate Care Network Inc				
		Santa Cruz, CA	CA		BUSINESS ADDRESS	47	4720 VINELAND AVE				
		950602126			CITY, STATE, ZIP CODE	No	North Hollywood, CA 91602				
PHONE NUMBER (831) 600-7710		PHONE NUMBER		PHONE NUMBER	81	818-980-6337					
CONTACT NAME Miguel Felix			CONTACT NAME		CONTACT NAME						
			Di	ISTRIBUTOR	RINFORMATION						
STATE LICENSE # C11-0000224-LIC				DRIVER'S NAME			Angel Rodriguez				
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #	·					
BUSINESS ADDRESS		195 Harvey West Blvd			VEHICLE MAKE	Fo	Ford				
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126			VEHICLE MODEL	Tr	Transit				
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE #	54	54269L2				
CONTA	CT NAME	Miguel Felix			ACTUAL DATE AND TIME OF ARRIVAL						
					IIPPED DETAILS						
			RECEIVER COMPL	ETES ONLY	THE SHADED COLUMNS BEL	-OW					
UID	ITEM NAME					QTY Q1		TOTAL COST		TOTAL RETAIL VALUE	
0.5	The Oz Hybrid Crumble Cherry Vortex 1g					10	\$12.00	\$120.00			
	The Oz Hybrid Gorilla					10	\$12.00	\$120.00			
The Oz Indica Wedding Cake Crumble 1g						10	\$12.00	\$120.00			
				PRODUCT	REJECTION						
	IF PRODUC	CTS ARE REJECTED PLI	EASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	T SHIPPED	DETAILS S	SECTION ABO	VE		
REAS	ON FOR RECECTION										
			PP∩⊓	NICT RECE	PT CONFIRMATION						
I confi	rm that the contents of the	nis shipment match in weig			JOHN HAWKINGH						
I agree	e to take custody of all ite roducts circled abbove a	ems as inicated received a	above - and which are	e not circled.	ributor for return to the shipper a	as indicated	in this form	and all attache	d product	t detail	
NAME OF PERSON RECEIVING AND/OR						PHOI	NE				
REJECTIONG PRODUCT						NUM	BER				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						DATE	SIGNED				