		SA	LES INVO	OICE / S	SHIPPING MAN	IFES) [
INVOICE/MANIFEST # SO6615				ACTUAL DATE AND TIME OF DEPARTURE 09/03/2019 10:00 AM ESTIMATED DATE AND TIME OF ARRIVAL							
ATTACHED PAGES No											
	SHIE	PPER INFORM	ΙΔΤΙΩΝΙ		REC	?FI\/F	ER INFO	RMATION	NI.		
STATE LICENSE # TYPE OF LICENSE		C11-0000224-LIC License			STATE LICENSE # STATE LICENSE2 #		C10-0000033	-LIC			
BUSINESS NAME			Oz Distribution, Inc.		TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS		195 Harvey Wes			BUSINESS NAME		Berkeley Patients Group Nick Willbrand				
CITY, STATE, ZIP CODE		Santa Cruz, CA	•		BUSINESS ADDRESS		2366 San Pablo Ave				
0111,0	TATE, ZII GODE	950602126			CITY, STATE, ZIP CODE		BERKELEY, CA 94702				
PHONE NUMBER (831) 600-7					PHONE NUMBER		+1 510-847-4604				
	CT NAME	Miguel Felix		CONTACT NAME							
				DISTRIBUTO	OR INFORMATION						
STATE	LICENSE #	C11-0000224-LIC			DRIVER'S NAME		Rodel Jardeleza				
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		B82636677				
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				
CONTA	CT NAME	Miguel Felix			ACTUAL DATE AND TIME OF ARRIVAL						
			RECEIVER COM		SHIPPED DETAILS Y THE SHADED COLUMNS BEI	LOW					
						QTY	QTY UNIT		UNIT RETAIL	TOTAL RETAIL	
UID	ITEM NAME					ORD	REC'IDOST	TOTAL COST	VALUE	VALUE	
	Summit Boys Caviar Crumble Gorilla Sherbert 1g					25		\$375.00)		
	Summit Boys Caviar Crumble Sherbert 1g					25					
		t Boys Caviar Crumble Banjo Glue 1g				25					
Summit Boys Refined Crumb						25					
	Summit Boys Caviar Crumble OG Kush 1g Summit Boys Live Resin Caviar Crumble Sundae Driver 1g		dae Driver 1g			25					
	,							, , ,			
				PRODUC	CT REJECTION						
	IF PRODUC	CTS ARE REJECTED P	LEASE CIRCLE TH	IE ITEMS BEIN	NG REJECTED IN THE PRODUC	CT SHIPE	PED DETAILS	SECTION ABO	VE		
REAS	SON FOR RECECTION										
			PF	RODUCT REC	EIPT CONFIRMATION						
	irm that the contents of th	•	•								
					I. stributor for return to the shipper	as indicat	ted in this form	and all attache	ed produc	t detail	
	E OF PERSON RECEIVII CTIONG PRODUCT	NG AND/OR					HONE UMBER				
SIGNATURE OF PERSON REC		CEIVING AND/OR				D	ATE SIGNED				

REJECTING PRODUCT