## SALES INVOICE / SHIPPING MANIFEST

|   | DI ILLO II   | VOICE/ SIIII I IIV                                    | O IVII II V                                     |           | , 1              |                 |          |                          |  |
|---|--|---|---|-----------|------------------|-----------------|----------|--------------------------|--|
| INVOICE/MANIFEST # SO6  | ACTUAL DATE AND TIME   | ACTUAL DATE AND TIME OF DEPARTURE 08/30/2019 09:43 AM |   |           |                  |                 |          |                          |  |
| ATTACHED PAGES No   |  | ESTIMATED DATE AND                                    | IME OF ARRIV                                    | 'AL       |                  |                 |          |                          |  |
| SHI   |  | RECEIVER INFORMATION                                  |   |           |                  |                 |          |                          |  |
| STATE LICENSE # C11-0000224-LIC   |  | STATE LICE  | NSF #   |           |                  |                 |          |                          |  |
| TYPE OF LICENSE   | License  | STATE LICE  |   |           |                  |                 |          |                          |  |
| BUSINESS NAME   | Oz Distribution, Inc.  | TYPE OF LIC   |   |           | Retailer Licer   | nse             |          |                          |  |
| BUSINESS ADDRESS  | 195 Harvey West Blvd   |   | BUSINESS NAME                                   |           | Flor X           |                 |          |                          |  |
| CITY, STATE, ZIP CODE Santa Cruz, CA 950602126  PHONE NUMBER (831) 600-7710 |  | BUSINESS ADDRESS                                      |   |           | 0                |                 |          |                          |  |
|   |  |   | CITY, STATE, ZIP CODE PHONE NUMBER CONTACT NAME |           | 0, CA 0          |                 |          |                          |  |
|   |  | PHONE NUM   |   |           | 0                |                 |          |                          |  |
| CONTACT NAME  | CONTACT N  |   |   |           |                  |                 |          |                          |  |
|   |  | DISTRIBUTOR INFORMATIO                                | N   |           |                  |                 |          |                          |  |
|   |  |   |   |           |                  |                 |          |                          |  |
| STATE LICENSE #   | TATE LICENSE # C11-0000224-LIC   |   | DRIVER'S NAME                                   |           | Brandon Sumandal |                 |          |                          |  |
| USINESS NAME Oz Distribution, Inc.  |  | CA DRVR LIG   | CA DRVR LIC #                                   |           | D1309712         |                 |          |                          |  |
| BUSINESS ADDRESS 195 Harvey West Blvd                                       |  | VEHICLE MA  | VEHICLE MAKE                                    |           | Ford             |                 |          |                          |  |
| CITY, STATE, ZIP CODE Santa Cruz, CA 950602126                              |  | VEHICLE MO  | VEHICLE MODEL                                   |           | Transit          |                 |          |                          |  |
| PHONE NUMBER (831) 600-7710   |  | VEHICLE LIC   | VEHICLE LIC. PLATE #                            |           | 54269L2          |                 |          |                          |  |
| CONTACT NAME  | Miguel Felix   | ACTUAL DATE AND TIME OF ARRIVAL                       |   | F         |                  |                 |          |                          |  |
|   | RECEIVER   | PRODUCT SHIPPED DETAIL<br>COMPLETES ONLY THE SHADED   |   | LOW       |                  |                 |          |                          |  |
| UID ITEM NAME   |  |   |   |           | QTY UNIT         | TOTAL COST      |          | TOTAL<br>RETAIL<br>VALUE |  |
| [ED0009] Cosmo D's Edible Chocolate Bar Hazy Hazelnut 100mg                 |  |   |   |           | \$6.50           | \$195.00        | )        |                          |  |
| [ED00100] Cosmo D's Edible Chocolate Bar Cosmic Berry Crunch 100mg          |  |   |   | 30        | \$6.50           | \$195.00        | )        |                          |  |
| [ED0011] Cosmo D's Edible Chocolate Bar Extra Toasted Coconut 100mg         |  |   |   |           | \$6.50           | \$195.00        | 1        |                          |  |
| [ED0012] Cosmo D's Edible Chocolate Bar Vegan Crumble 100mg                 |  |   |   |           | 2 \$6.50         | \$78.00         | ,        |                          |  |
| [ED00167] Cosmo D's Edible Rice Crispy Treat Snickerdoodle 100mg            |  |   |   |           | \$7.49           | \$0.00          | ı        |                          |  |
| S -Summit Boys Caviar Crumble Banjo X OG 1g                                 |  |   |   | •         | 1 \$0.01         | \$0.01          |          |                          |  |
| S-Dreamers Edible Chocolate Indica 100mg                                    |  |   |   |           | 1 \$0.01         | \$0.01          |          |                          |  |
|   |  | PRODUCT REJECTION                                     |   |           |                  |                 |          |                          |  |
| IF PRODU  | JCTS ARE REJECTED PLEASE CIRC  | LE THE ITEMS BEING REJECTED I                         | N THE PRODUC                                    | CT SHIPE  | PED DETAILS      | SECTION ABO     | VE       |                          |  |
| REASON FOR RECECTION  |  |   |   |           |                  |                 |          |                          |  |
|   |  | PRODUCT RECEIPT CONFIRMA                              | ATION   |           |                  |                 |          |                          |  |
| confirm that the contents of  | this shipment match in weight and cou  |   |   |           |                  |                 |          |                          |  |
| I agree to take custody of all  | items as inicated received above - and are rejected for delivery and remain in | which are not circled.                                | າ to the shipper ຄ                              | as indica | ted in this form | and all attache | d produc | t detail                 |  |
| - (-7   |  |   |   |           |                  |                 |          |                          |  |
| NAME OF PERSON RECEIVING AND/OR<br>REJECTIONG PRODUCT                       |  |   |   |           | HONE<br>UMBER    |                 |          |                          |  |

DATE SIGNED

SIGNATURE OF PERSON RECEIVING AND/OR

REJECTING PRODUCT