		SA	LES INV	OICE / I	SHIPPING MAN	IFES) [
INVOICE/MANIFEST # SO6615 ATTACHED PAGES No				ACTUAL	ACTUAL DATE AND TIME OF DEPARTURE 09/09/2019 02:55 PM						
				ESTIMATED DATE AND TIME OF ARRIVAL							
	SHIF	PER INFORM	IATION		REC	CEIVE	ER INFO	RMATIO	1		
STATE LICENSE #		C11-0000224-LIC			STATE LICENSE # C10-0000033-LIC						
TYPE OF LICENSE		License			STATE LICENSE2 #						
BUSINESS NAME		Oz Distribution, I			TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS		195 Harvey Wes			BUSINESS NAME		Berkeley Patients Group Nick Willbrand				
CITY, S	TATE, ZIP CODE	Santa Cruz, CA			BUSINESS ADDRESS		2366 San Pablo Ave				
		950602126	740		CITY, STATE, ZIP CODE BERKELEY, CA 94702						
	NUMBER	(831) 600-7710	(831) 600-7710 Miguel Felix		PHONE NUMBER +1 510-847-4604						
CONTA	CT NAME	Miguel Felix			CONTACT NAME						
				DISTRIBUTO	OR INFORMATION						
STATE LICENSE #		C11-0000224-LIC			DRIVER'S NAME		Bradley Martinez				
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		B9489158				
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					
			RECEIVER	MI ELTEO ONE	THE STINDED GOLOWING BEI	LOW					
									UNIT	TOTAL	
							QTY UNIT			RETAIL	
UID	ITEM NAME						REC'IDOST	TOTAL COST		VALUE	
	Summit Boys Caviar Crumble Gorilla Sherbert 1g					25					
	Summit Boys Caviar Crumble Sherbert 1g					25					
Summit Boys Caviar Crur Summit Boys Refined Cru						25					
	Summit Boys Caviar Crumble OG Kush 1g Summit Boys Live Resin Caviar Crumble Sundae Driver 1g		idae Driver 1g			25					
							, , , , , , , , , , , , , , , , , , , ,	V			
				PRODUC	CT REJECTION						
	IF PRODUC	CTS ARE REJECTED P	LEASE CIRCLE TH	HE ITEMS BEI	NG REJECTED IN THE PRODUC	CT SHIPE	PED DETAILS	SECTION ABO	VE		
REAS	SON FOR RECECTION										
			PF	RODUCT REC	EIPT CONFIRMATION						
I conf	irm that the contents of th	nis shipment match in we									
	e to take custody of all ite	•	•								
_	roducts circled abbove a				stributor for return to the shipper a	as indicat	ted in this form	and all attache	d produc	t detail	
	. ,										
NAME OF PERSON RECEIVING AND/OR							HONE				
REJECTIONG PRODUCT		CEIVING AND/OD					UMBER ATE SIGNED				
SIGNATURE OF PERSON RECEIV		OLIVING AND/OR				וט	AIL SIGNED				

REJECTING PRODUCT