SALES INVOICE / SHIPPING MANIFEST

		D71	ELD IIII	JICE / D	1111 1 11 1	0 1417 11 411	LOI					
INVOICE/MANIFEST # SO7144				ACTUAL DATE AND TIME OF DEPARTURE 10/03/2019 03:49 PM								
ATTACHE	D PAGES	No		ESTIMATED DATE AND TIME OF ARRIVAL								
		SHIPPER INFORM	IATION			DEC!	=I\/EB	INFO	ΡΙΛΑΤΙΟΝ			
					RECEIVER INFORMATION							
STATE LIC			C11-0000224-LIC		STATE LICENSE #			C10-0000317-LIC				
TYPE OF LICENSE License BUSINESS NAME Oz Distribution,			STATE LICENSE2 # Inc. TYPE OF LICENSE			De	toilar Liaan	••				
BUSINESS NAME Oz Distribution, Inc. BUSINESS ADDRESS 195 Harvey West Blvd					BUSINESS NAME			Retailer License Valley Health Options				
CITY, STATE, ZIP CODE Santa Cruz, CA			t bivu		BUSINESS ADDRESS			1421 Auburn Blvd				
0111, 0170	12, 211 0000	950602126			CITY, STATE, ZIP CODE			Sacramento, CA 95818				
PHONE NU	JMBER		(831) 600-7710		PHONE NUMBER			(916) 779-0715				
CONTACT NAME Miguel Felix				CONTACT NAME								
				DISTRIBUTOR	RINFORMATIO	N						
STATE LICENSE # C11-0000224-LIC			2	DRIVER'S NAME			An	Angel Rodriguez				
BUSINESS NAME			Oz Distribution, Inc.		CA DRVR LIC #			B9147506				
BUSINESS ADDRESS		195 Harvey Wes			VEHICLE MAKE			Ford				
CITY, STATE, ZIP CODE		Santa Cruz, CA 9	950602126		VEHICLE MODEL			Transit				
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE #			269L2				
CONTACT	NAME	Miguel Felix	Miguel Felix		ACTUAL DATE AND TIME OF							
					ARRIVAL							
[CT00115] ; [CT00109] ; [CT00121] ; [CT00123] ; [FL00328] [FL00327] ; [ED00017] ; [ED00018] ;				PLETES ONLY THE SHADED COLUMNS BELC			QTY QT		TOTAL COST \$540.00 \$540.00 \$312.50 \$270.00 \$704.00 \$50.00 \$50.00 \$50.00	VALUE	TOTAL RETAIL VALUE	
	IF P	PRODUCTS ARE REJECTED P	LEASE CIRCLE THE		REJECTION REJECTED IN	THE PRODUCT	SHIPPED	DETAILS S	SECTION ABO	VE		
REASON	I FOR RECEC	CTION										
			PR	ODUCT RECEI	PT CONFIRMA	TION						
I agree to	take custody	nts of this shipment match in we of all items as inicated received bove are rejected for delivery a	above - and which a	are not circled.	ibutor for return	to the shipper as	indicated i	n this form	and all attache	d product	detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER							
SIGNATURE OF PERSON RECEIVING AND/OR					DATE SIGNED							

REJECTING PRODUCT