## SALES INVOICE / SHIPPING MANIFEST

TYPE OF LICENSE License  DV Distribution, Inc.  DV Distribution, Inc.  DV Distribution, Inc.  TYPE OF LICENSE  Retailer License  BUSINESS ADDRESS  195 Harvey West Blvd  BUSINESS NAME  Natural Remedi  BUSINESS ADDRESS  927 1/2 N. Wes  950602126  CITY, STATE, ZIP CODE  DV Angeles, CA  PHONE NUMBER  DV DISTRIBUTION  PHONE NUMBER  STATE LICENSE2 #  TYPE OF LICENSE  Retailer License  Retailer License  CITY, STATE, ZIP CODE  Los Angeles, CA  PHONE NUMBER  323.871.9500	RMATION LIC se dies Caregivers stern Ave CA 90029		
STATE LICENSE # C11-0000224-LIC STATE LICENSE # C10-0000424-L TYPE OF LICENSE License STATE LICENSE2 #  BUSINESS NAME Oz Distribution, Inc. TYPE OF LICENSE Retailer License BUSINESS ADDRESS 195 Harvey West Blvd BUSINESS NAME Natural Remedi CITY, STATE, ZIP CODE Santa Cruz, CA BUSINESS ADDRESS 927 1/2 N. West 950602126 CITY, STATE, ZIP CODE Los Angeles, C. PHONE NUMBER (831) 600-7710 PHONE NUMBER 323.871.9500  CONTACT NAME Miguel Felix CONTACT NAME	ce dies Caregivers stern Ave CA 90029		
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DISTRIBUTOR INFORMATION	9Z		
DISTRIBUTOR INFORMATION	ez		
	3Z		
STATE LICENSE # C11-0000224-LIC DRIVER'S NAME Angel Rodrigue.			
BUSINESS NAME Oz Distribution, Inc. CA DRVR LIC # B9147506			
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			
CONTACT NAME Miguel Felix ACTUAL DATE AND TIME OF ARRIVAL			
PRODUCT SHIPPED DETAILS			
RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW			
	10	NIT TO	DTAL
QTY QTY UNIT	RE	ETAIL RE	ΞΤΑΙL
UID ITEM NAME ORD REC'IDOST T	TOTAL COST VA	ALUE VA	ALUE
[FL00634] Kanebes Indica Flower Hollyweed 3.5g. 64 \$10.00	\$640.00		
[FL00425] Kanebes Shelf Support 1 -\$10.00	-\$10.00		
PRODUCT REJECTION			
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SE	ECTION ABOVE		
REASON FOR RECECTION			
PRODUCT RECEIPT CONFIRMATION			
I confirm that the contents of this shipment match in weight and count as indicated above.			
I agree to take custody of all items as inicated received above - and which are not circled.	and all attached a	rodust do	toil
The products circled abbove are rejected for delivery and remain in the custody of the distributor for return to the shipper as indicated in this form are	ind all attached p	roduct de	tali
sheet(s).			
NAME OF PERSON RECEIVING AND/OR PHONE			
REJECTIONG PRODUCT NUMBER			
SIGNATURE OF PERSON RECEIVING AND/OR DATE SIGNED			
REJECTING PRODUCT			