SALES INVOICE / SHIPPING MANIFEST

	E/MANIFEST # SO626	6	ACTUAL I	DATE AND TIME OF DEPARTURE	- 08/1	1/2010 (∩2·57 PI	M			
ATTACHED PAGES No				ED DATE AND TIME OF ARRIVAL		7/2013	02.07 11	VI			
	SHIP	PER INFORMATION		RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC			STATE LICENSE #			M10-17-0000119-TEMP					
TYPE OF LICENSE License			STATE LICENSE2 #								
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		Sonoma Patient Group						
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		2425 Cleveland Ave #175						
950602126			CITY, STATE, ZIP CODE		Santa Rosa, CA 95403						
PHONE NUMBER (831) 600-7710			PHONE NUMBER		707-526-2800						
CONTACT NAME Miguel Felix				CONTACT NAME							
			DISTRIBUTO	DR INFORMATION							
			Бютпьото								
STATE LICENSE #		C11-0000224-LIC		DRIVER'S NAME		Francisco Maldorado					
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #			F2095173				
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 #		54269	9L2				
CONTAC	CT NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL							
				HIPPED DETAILS							
		RECEIVE	R COMPLETES ONL	Y THE SHADED COLUMNS BELC	W						
UID	ITEM NAME					QTY (TOTAL COST		TOTAL RETAIL VALUE	
JID		ocolate Sativa Blueberry 100mg				5	\$0.01	\$0.05		VALUE	
S-Dreamers Edible Chocolate Hybrid Caramel Macchiato 100mg		100mg				\$0.01					
	o breamers Edible on	ocolate Trybha Garamer Macomato	Toomg		'	8	ψ0.01	ψ0.00			
				T REJECTION							
	IF PRODUC	TS ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEIN	IG REJECTED IN THE PRODUCT	SHIP	PED DE	TAILS	SECTION ABO	VE		
REASO	ON FOR RECECTION										
				TIDT CONFIDMATION							
Loonfin	m that the contents of thi	a abinment match in weight and acc		EIPT CONFIRMATION							
		s shipment match in weight and coums as inicated received above - and									
_	oducts circled abbove are	e rejected for delivery and remain in			indica	ted in th	nis form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT						HONE UMBEF	2				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						ATE SI					