SALES INVOICE / SHIPPING MANIFEST

	SALLS	111 1 01	CL/ D) 1						
INVOICE/MANIFEST # SO4917			ACTUAL DATE AND TIME OF DEPARTURE 05/15/2019 02:01 PM									
ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRIVAL										
SHIPPER INFORMATION				RECEIVER INFORMATION								
STATE LICENSE # A11-18-0000248-		TEMP		STATE LICENSE #		C9-18-0000110-TEMP						
TYPE OF LICENSE Adult-Use Distribution Temporary Licen		porary Licenc	e	STATE LICENSE2#								
BUSINESS NAME Oz Distribution, Inc.				TYPE OF LICENSE Retailer License								
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME		GreenLife Cannabis Delivery						
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS		2810 Cowell Blvd						
				CITY, STATE, ZIP CODE		Davis, CA 95618						
PHONE NUMBER (831) 600-7710				PHONE NUMBER (530)			802-0072					
CONTACT NAME Miguel Felix				CONTACT NAME								
		DI	STRIBUTOI	R INFORMATION								
STATE LICENSE # A11-18-0000248-TEMP				DRIVER'S NAME			Francisco Maldorado					
BUSINESS NAME Oz Distribution, Inc.		IVIF		CA DRVR LIC #		F2095173						
BUSINESS ADDRESS 195 Harvey West				VEHICLE MAKE	Ford							
CITY, STATE, ZIP CODE Santa Cruz, CA 950				VEHICLE MODEL		Transit						
PHONE NUMBER (831) 600-7710		0000110		VEHICLE LIC. PLATE #		54269L2						
CONTACT NAME	Miguel Felix			ACTUAL DATE AND TIME OF								
				ARRIVAL								
	RECEI\.			HIPPED DETAILS	OW							
									UNIT	TOTAL		
						QTY		TOTAL 000T		RETAIL		
UID ITEM NAME								TOTAL COST		VALUE		
[CO00402] The Oz Indian Hindu Kuch Crumble 1g					12		\$13.00	\$156.00				
The Oz Indica Hindu Kush Crumble 1g [CO00410]The Oz Indica Mango Brule Crumble 1g					12		\$13.00	\$156.00				
[CO00410] The Oz Indica Mango		12	2	\$13.00	\$156.00							
				REJECTION								
IF PRODUC	CTS ARE REJECTED PLEASE CI	IRCLE THE IT	EMS BEING	3 REJECTED IN THE PRODUC	T SHIPI	PED D	ETAILS S	SECTION ABO	VE			
REASON FOR RECECTION												
		PROD	UCT RECE	IPT CONFIRMATION								
I confirm that the contents of the	nis shipment match in weight and c											
I agree to take custody of all it	ems as inicated received above - a re rejected for delivery and remain	and which are	not circled.	ributor for return to the shipper a	s indica	ted in	this form	and all attache	d produc	t detail		
NAME OF PERSON RECEIVI	NG AND/OR				P	HONE						
REJECTIONG PRODUCT				NUMBER								
SIGNATURE OF PERSON RE						IGNED						