## SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7557			ACTUAL DATE AND TIME OF DEPARTURE 11/07/2019 03:53 PM							
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION				RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LIC			STATE LICENSE #			C10-0000307-LIC				
YPE OF LICENSE License			STATE LICENSE2#							
BUSINESS NAME	NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer Licen	se			
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME		Foothill Health and Wellness				
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS		3830 Dividend	d Dr Suite A			
	950602126	950602126		CITY, STATE, ZIP CODE	Shingle Springs, CA 95382					
PHONE NUMBER (831) 600-7710			PHONE NUMBER		530-676-4532					
CONTACT NAME Miguel Felix			CONTACT NAME							
		D	DISTRIBUTOF	R INFORMATION						
STATE LICENSE #	C11-0000224-LIC			DRIVER'S NAME		Bradley Martin	nez			
BUSINESS NAME				CA DRVR LIC #		B9489158				
BUSINESS ADDRESS	195 Harvey West E			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						
				HIPPED DETAILS THE SHADED COLUMNS BELO	W					
					QTY	QTY UNIT		UNIT RETAIL	TOTAL RETAIL	
UID ITEM NAME					ORD	REC'IDOST	TOTAL COST	VALUE	VALUE	
[FL00588] Royal Tree Indoor Flower Super Glue Sativa 3.5g					64		\$1,408.00			
[FL00019] Royal Tree Indoor Flower Fire OG 3.5g					64					
[CT00210] Summit Boys Caviar Crumble Forbidden Fruit 1G					24					
[CT00215] Summit Boys Caviar Crumble Pac USA 1g					24					
[CT00216] Summit Boys Caviar Gorilla Glue 1g [CT00214] Summit Boys Caviar Crumble Pac Glue 1g					24 24					
			DDODLICT	REJECTION						
IF PRO	DUCTS ARE REJECTED PLE	EASE CIRCLE THE I		REJECTED IN THE PRODUCT	SHIPP	ED DETAILS	SECTION ABO	VE		
REASON FOR RECECTION	ON									
		DDO	DUOT DEOF	IDT CONFIDMATION						
I confirm that the contents	of this shipment match in weig			IPT CONFIRMATION						
-	all items as inicated received a ve are rejected for delivery and			ributor for return to the shipper as	indicate	ed in this form	and all attache	d produc	t detail	
NAME OF PERSON REC REJECTIONG PRODUCT						IONE JMBER				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					DA	ATE SIGNED				