SALES INVOICE / SHIPPING MANIFEST

		SA	LES INVO	ICE / S		IFES) [
INVOICE/MANIFEST # SO6244			ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 08/09/2019 11:19 AM								
ATTACHED PAGES No ES					STIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC)		STATE LICENSE #		A10-18-0000104-TEMP					
TYPE OF LICENSE License				STATE LICENSE2#								
BUSINESS NAME Oz Distribution, Ir			nc.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West			Blvd		BUSINESS NAME		Herbal Cruz					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS		1051 41st Avenue						
		950602126			CITY, STATE, ZIP CODE		Capitola, CA 95062					
		(831) 600-7710			PHONE NUMBER		831.212.1722					
CONTACT NAME Miguel Felix			CONTA		CONTACT NAME	ITACT NAME						
			С	DISTRIBUTOR	R INFORMATION							
OTATE LI	OFNOF #	044 0000004 110			DDIVEDIC NAME		F	-: M-I	-11-			
		C11-0000224-LIC			DRIVER'S NAME CA DRVR LIC #		Francisco Maldorado					
		195 Harvey West			VEHICLE MAKE		F2095173 Ford					
CITY, STATE, ZIP CODE Santa Cruz, CA				VEHICLE MODEL	Transit							
		(831) 600-7710	00002120	VEHICLE LIC. PLATE #			54269L2					
,		Miguel Felix			ACTUAL DATE AND TIME OF			30 LL				
		<u> </u>			ARRIVAL							
					IIPPED DETAILS THE SHADED COLUMNS BELI	OW						
						O.T.)	071			UNIT	TOTAL	
LUD	ITEM NAME							UNIT	TOTAL COST		RETAIL	
UID	0269] Kanebes Indica Flower Cherry Pie 3.5g				0			DOST \$12.00	TOTAL COST \$240.00		VALUE	
[FL00209]	Royal Tree Indoor Flower Indica Medcare Kush 3.5g		h 2 5 a					\$20.00	\$2,560.00			
S-Royal Tree Indoor Flower Medcare Kush 3.5g							\$0.00	\$2,360.00				
	o-rtoyar free muoor rio	wer weddare Rusii 5.c)g					ψ0.01	ψ0.01			
					REJECTION							
	IF PRODUCT	S ARE REJECTED PL	LEASE CIRCLE THE	ITEMS BEING	REJECTED IN THE PRODUC	T SHIPE	PED D	DETAILS S	SECTION ABO	VE		
REASO	N FOR RECECTION											
			PRO	DUCT RECE	PT CONFIRMATION							
I confirm	n that the contents of this	shipment match in we										
I agree	to take custody of all item ducts circled abbove are	s as inicated received	above - and which ar	e 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 RECEIVING AND/OR					PHONE							
	TIONG PRODUCT				NUMBER							
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					DATE SIGNED							