## SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO8022				ACTUAL DATE AND TIME OF DEPARTURE 12/03/2019 05:12 PM						
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL						
SHIPPER INFORMATION				RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LIC			3	STATE LICENSE # C10-00005			-I IC			
		License		STATE LICENSE2 #		C10-0000525-LIC				
BUSINESS NAME Oz Distribution, Inc.		nc.	TYPE OF LICENSE	Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME		Connected 40				
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS	3170 Cherry Ave.					
		950602126		CITY, STATE, ZIP CODE		Long Beach,	CA 90807			
PHONE NUMBER		(831) 600-7710		PHONE NUMBER		(562) 426-2420				
CONTACT NAME Miguel Felix			CONTACT NAME							
			D	SISTRIBUTOR INFORMATION						
OT 4 TE 1 1	OENOE "	044 000004 144		PRIVED MALE						
STATE LICENSE #		C11-0000224-LI0		DRIVER'S NAME		lan John Sternberger				
BUSINESS NAME BUSINESS ADDRESS		Oz Distribution, I		CA DRVR LIC # VEHICLE MAKE		B9920672				
CITY, STATE, ZIP CODE		195 Harvey Wes		VEHICLE MODEL		Ford Transit				
PHONE NUMBER		Santa Cruz, CA 950602126 (831) 600-7710		VEHICLE LIC. PLATE #		54269L2				
CONTACT NAME		Miguel Felix		ACTUAL DATE AND TIME OF		04200L2				
				ARRIVAL						
				RODUCT SHIPPED DETAILS ETES ONLY THE SHADED COLUMNS BELOV	W					
								UNIT	TOTAL	
					QTY Q				. RETAIL	
UID							TOTAL COST		VALUE	
[CT00229] Summit Boys Caviar Crumble Forbidden Sunset 1g					24					
[CT00214] Summit Boys Caviar Crumble Pac Glue 1g					24 \$16.0					
[CT00234] Summit Boys Caviar Crumble Miss USA 1g [CT00129] Summit Boys Caviar Crumble Banjo 1g					24 \$16.0 24 \$16.0					
[CT00130] Summit Boys Caviar Crumble Chem 4 1g					24 \$16.					
[CT00122] Summit Boys Crumble Super Glue 1g					0 \$16.0					
				PRODUCT REJECTION						
	IF PRODUC	TS ARE REJECTED P	LEASE CIRCLE THE I	TEMS BEING REJECTED IN THE PRODUCT	SHIPP	PED DETAILS	SECTION ABO	VE		
REASO	N FOR RECECTION									
Loopfirm	that the contents of thi	a abinment match in us		DUCT RECEIPT CONFIRMATION						
	n that the contents of this to take custody of all iter	•	-							
_	ducts circled abbove are			dy of the distributor for return to the shipper as i	indicat	ed in this form	and all attache	d produc	t detail	
,										
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT						HONE JMBER				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					DA	ATE SIGNED				