SALES INVOICE / SHIPPING MANIFEST

					ACTUAL DATE AND TIME OF DEPARTURE 10/23/2019 04:20 PM							
ATTACHE	ED PAGES	No	ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC			2		STATE LICENSE #		C10-0000577-LIC					
TYPE OF LICENSE License				STATE LICENSE2 #								
BUSINESS NAME Oz Distribution, Inc			nc.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West E			Blvd		BUSINESS NAME		Medallion Wellness					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126					BUSINESS ADDRESS	4213 McHenry Ave						
					CITY, STATE, ZIP CODE	Modesto, CA 95356						
PHONE NUMBER (831) 600-7710				PHONE NUMBER			209-248-7472					
CONTACT NAME Miguel Felix					CONTACT NAME	CONTACT NAME						
				DISTRIBUT	OR INFORMATION							
STATE LICENSE # C11-0000224-L			2	DRIVER'S NAME		Angel Rodriguez						
BUSINESS NAME			Oz Distribution, Inc.		CA DRVR LIC #		B9147506					
BUSINESS ADDRESS		195 Harvey Wes	arvey West Blvd		VEHICLE MAKE		Ford					
CITY, STATE, ZIP CODE		·	z, CA 950602126		VEHICLE MODEL Transit			t				
PHONE NUMBER		(831) 600-7710	D-7710		VEHICLE LIC. PLATE #	54269L2						
CONTACT NAME Miguel Fel					ACTUAL DATE AND TIME OF							
					ARRIVAL							
			RECEIVER COI		SHIPPED DETAILS Y THE SHADED COLUMNS BELO	OW						
UID	ITEM NAME						QTY U		TOTAL COST		TOTAL RETAIL VALUE	
Kanebes Indica Flower Wedding Cake 3.5g							\$12.00	\$1,536.00				
[FL00221] Kanebes Indica Flower Chocolate Hashberry 3.5g			3.5g			12	8	\$12.00	\$1,536.00			
FL00534] Kanebes Sativa Flower Lemon Meringue 3.5g						128	8	\$12.00	\$1,536.00			
				PRODUC	CT REJECTION							
	IF P	PRODUCTS ARE REJECTED P	LEASE CIRCLE TI	HE ITEMS BEI	NG REJECTED IN THE PRODUC	T SHIPI	PED DE	TAILS S	SECTION ABO	VE		
REASO	N FOR RECEC	CTION										
			P	RODUCT REC	EIPT CONFIRMATION							
I confirm	n that the conte	ents of this shipment match in we										
	ducts circled at	of all items as inicated received obove are rejected for delivery a			d. stributor for return to the shipper as	s indica	ited in th	is form a	and all attache	d product	detail	
NAME OF PERSON RECEIVING AND/OR				PHONE								
REJECTIONG PRODUCT					NUMBER							
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE SIG	GNED				