SALES INVOICE / SHIPPING MANIFEST

INIVOICE/I	MANIFEST # SO765	53		ACTUAL D	ATE AND TIME OF	E DEDARTI IRE	11/13/201	0 03:35 DN	Λ			
ATTACHED PAGES No				ACTUAL DATE AND TIME OF DEPARTURE 11/13/2019 03:35 PM ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LIC	CENSE #	C11-0000224-LIC			STATE LICENSE #			C10-0000195-LIC				
TYPE OF LICENSE		License			STATE LICENSE2#							
BUSINESS NAME		Oz Distribution, Ir	Oz Distribution, Inc.		TYPE OF LICENSE			Retailer License				
BUSINESS ADDRESS 19		195 Harvey West	t Blvd BUSINESS NAME		1E	Patients Care First						
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS		144	1442 Angie AVE					
		950602126)2126		CITY, STATE, ZIP CODE		Мо	Modesto, CA 95351				
PHONE NUMBER		(831) 600-7710	31) 600-7710		PHONE NUMBER		(20	(209) 554-0802				
CONTACT	NAME	Miguel Felix		CONTACT NAME								
				DISTRIBUTOR	RINFORMATION							
STATE LICENSE #		C11-0000224-LIC			DRIVER'S NAME			Angel Rodriguez				
BUSINESS NAME			Oz Distribution, Inc.		CA DRVR LIC #			B9147506				
BUSINESS ADDRESS		195 Harvey West	arvey West Blvd		VEHICLE MAKE			Ford				
CITY, STATE, ZIP CODE		Santa Cruz, CA 9	Santa Cruz, CA 950602126		VEHICLE MODEL			Transit				
PHONE NUMBER		(831) 600-7710	(831) 600-7710		VEHICLE LIC. PLATE #		542	54269L2				
CONTACT	NAME	Miguel Felix			ACTUAL DATE AND TIME OF ARRIVAL							
UID ITEM NAME [CT00176] The Oz Indica Shatter Purple Punch 1g [CT00150] The Oz Hybrid Crumble Cherry Vortex 1g [CT00170] The Oz Indica Crumble Purple Punch 1g [CT00229] Summit Boys Caviar Crumble Forbidden Sunset 1g [CT00210] Summit Boys Caviar Crumble Forbidden Fruit 1G [CT00214] Summit Boys Caviar Crumble Pac Glue 1g [CT00215] Summit Boys Caviar Crumble Pac USA 1g [CT00230] Summit Boys Caviar Crumble Pacific Sunset 1g [CT00216] Summit Boys Caviar Gorilla Glue 1g			1G				QTY QT' ORD RE(48 48 48 48 48 48 48 48		\$576.00 \$576.00 \$576.00 \$768.00 \$768.00 \$768.00 \$768.00 \$768.00	VALUE	TOTAL RETAIL VALUE	
				PRODUCT	REJECTION							
	IF PRODUC	CTS ARE REJECTED PL	LEASE CIRCLE TH			HE PRODUCT	SHIPPED	DETAILS S	SECTION ABO	VE		
REASON	N FOR RECECTION											
					PT CONFIRMATION	ON						
I agree t	o take custody of all ite ducts circled abbove ar	nis shipment match in we ems as inicated received re rejected for delivery an	above - and which	are not circled.	ibutor for return to	the shipper as	indicated i	n this form a	and all attache	d product	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER							
SIGNATURE OF PERSON RECEIVING AND/OR				DATE SIGNED								