SALES INVOICE / SHIPPING MANIFEST

		57112	ZES II (V C)	ICL / D			· L				
INVOICE/MANIFEST # SO6538			ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 09/04/2019 04:27 PM							
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LICENSE C11-000024-LICENSE C11-0000024-LICENSE C11		C11-0000224-LIC	}		STATE LICENSE #		M9-17-0000004-TEMP				
	TYPE OF LICENSE License				STATE LICENSE2 #						
		Oz Distribution, Inc.	nc.		TYPE OF LICENSE	Retailer License					
		195 Harvey West Bl	Blvd		BUSINESS NAME		Ohana Gardens				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 PHONE NUMBER (831) 600-7710		·			BUSINESS ADDRESS		198 Opportunity St Sacramento, CA 94838				
					CITY, STATE, ZIP CODE						
				PHONE NUMBER		916-969-8558					
CONTACT NAME Miguel Felix					CONTACT NAME						
			D	ISTRIBUTOF	RINFORMATION						
STATE LICENSE # C11-0000224-LIC					DRIVER'S NAME		Rodel Jardeleza				
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		B82636677				
BUSINESS ADDRESS		195 Harvey West Blvd			VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126			VEHICLE MODEL	CLE MODEL Transit					
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE #	ICLE LIC. PLATE # 54269L2					
CONTACT NAME		Miguel Felix			ACTUAL DATE AND TIME OF	F					
					ARRIVAL						
					IIPPED DETAILS						
		ı	RECEIVER COMPL	ETES ONLY	THE SHADED COLUMNS BEL	LOW					
UID	ITEM NAME						QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
[ED0083]	83] Heavenly Sweet Edible Treats Chocolate 100mg THC					10	\$8.50	\$85.00			
[ED0084]	0084] Heavenly Sweet Edible Treats Classic 100mg THC					10	\$8.50	\$85.00)		
[ED0067]	00067] Heavenly Sweet Edible Treats Fruity 100mg THC					9	\$8.50	\$76.50			
				PRODUCT	REJECTION						
	IF PRODUC	CTS ARE REJECTED PLE	ASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	CT SHIPP	PED DETAILS S	SECTION ABO	VE		
REASO	N FOR RECECTION										
			PROD	DUCT RECE	PT CONFIRMATION						
I confirm	n that the contents of th	is shipment match in weigh	ht and count as indic	cated above.							
J	ducts circled abbove ar	ems as inicated received at re rejected for delivery and			ibutor for return to the shipper a	as indicat	ed in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR				PHONE							
REJECTIONG PRODUCT							JMBER				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						DA	ATE SIGNED				