		SA	LES INV	OICE / S	SHIPPING MAN	IFES) [
INVOICE/MANIFEST # SO6734				ACTUAL	ACTUAL DATE AND TIME OF DEPARTURE 09/10/2019 04:14 PM						
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL							
	SHIF	PER INFORM	IATION		RF(CEIVE	ER INFOI	RMATIO	V		
STATE LICENSE # C11-0000224-LIC					STATE LICENSE # C10-0000136-LIC				•		
TYPE OF LICENSE		License			STATE LICENSE2#		010 0000100 EIO				
BUSINESS NAME			Oz Distribution, Inc.		TYPE OF LICENSE		Retailer License				
		195 Harvey Wes			BUSINESS NAME		Smart Collective				
CITY, STATE, ZIP CODE		Santa Cruz, CA	LDIVG		BUSINESS ADDRESS		10745 RIVERSIDE DR SUITE A 91602				
, 0	, 0022	950602126			CITY, STATE, ZIP CODE		North Hollywood, CA 91602				
PHONE NUMBER (831) 600-7710					PHONE NUMBER		818.856.8208				
	CT NAME	Miguel Felix		CONTACT NAME							
				DISTRIBUTO	DR INFORMATION						
STATE LICENSE #		C11-0000224-LIC			DRIVER'S NAME		Angel Rodriguez				
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		B9147506				
BUSINESS ADDRESS		195 Harvey West Blvd			VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126			VEHICLE MODEL		Transit				
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE #	54269L2					
CONTACT NAME Miguel Felix					ACTUAL DATE AND TIME OF ARRIVAL						
			RECEIVER COM		SHIPPED DETAILS Y THE SHADED COLUMNS BEI	LOW					
UID	ITEM NAME						QTY UNIT	TOTAL COST		TOTAL RETAIL	
סוט	Summit Boys Caviar Sugar Cali Girl 1g					10				VALUE	
	Summit Boys Caviar Crumble Gorilla OG 1g					10					
	-	Summit Boys Refined Crumble True OG 1g				10					
S -Summit Boys Caviar Sugar Cali Girl S -Summit Boys Caviar Crumble Gorilla							1 \$0.01				
			q				1 \$0.01				
	S-Summit Boys Refined Crumble True OG 1g					1 \$0.01	\$0.01				
				PRODUC	CT REJECTION						
	IF PRODUC	CTS ARE REJECTED P	LEASE CIRCLE TH	HE ITEMS BEIN	NG REJECTED IN THE PRODUC	CT SHIPF	PED DETAILS	SECTION ABO	VE		
REAS	ON FOR RECECTION										
1	ron that the end of the control of the	sia ahinmant mastelli te			EIPT CONFIRMATION						
	rm that the contents of the to take custody of all ite	•	-								
	roducts circled abbove a				a. Stributor for return to the shipper a	as indicat	ted in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT							HONE UMBER				
SIGN	ATURE OF PERSON RE	CEIVING AND/OR				D/	ATE SIGNED				

REJECTING PRODUCT