## SALES INVOICE / SHIPPING MANIFEST

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INVOICE/MANIFEST # SO7662			ACTUAL I	ACTUAL DATE AND TIME OF DEPARTURE 11/08/2019 02:28 PM						
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION				RECEIVER INFORMATION						
STATE LICENSE #	C11-0000224-LIC	2		STATE LICENSE #		C12-000000	9-LIC			
TYPE OF LICENSE	License			STATE LICENSE2 #						
BUSINESS NAME	Oz Distribution, In	tribution, Inc.		TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS	SINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		Holistic Alternative Inc				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS		18306 Eddy St Northridge, CA 91325				
				CITY, STATE, ZIP CODE						
PHONE NUMBER (831) 600-7710				PHONE NUMBER		0				
CONTACT NAME Miguel Felix				CONTACT NAME						
			DISTRIBUTO	OR INFORMATION						
STATE LICENSE # C11-0000224-LIC		C		DRIVER'S NAME		Rodel Jardeleza				
BUSINESS NAME Oz Distribution				CA DRVR LIC #		B82636677				
BUSINESS ADDRESS 195 Harvey W		st Blvd		VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE Santa Cruz, CA		950602126		VEHICLE MODEL		Transit				
PHONE NUMBER (831) 600-		1		VEHICLE LIC. PLATE #		54269L2				
CONTACT NAME	Miguel Felix	Miguel Felix		ACTUAL DATE AND TIME OF	=					
				ARRIVAL						
				HIPPED DETAILS Y THE SHADED COLUMNS BEL	OW/					
		RECEIVER COIVIN	PLETES ONL	THE SHADED COLUMNS BEL	Ovv					
UID ITEM NAME						QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
CT00215] Summit Boys Caviar Crumble Pac USA 1g					36					
CT00229] Summit Boys Caviar Crumble Forbidden Sunset 1g					36	\$16.0	\$576.00			
CT00230] Summit Boys Caviar Crumble Pacific Sunset 1g					36	\$17.5	9630.00	)		
			PRODUC	T REJECTION						
IF P	RODUCTS ARE REJECTED PI	LEASE CIRCLE THE	E ITEMS BEIN	IG REJECTED IN THE PRODUC	T SHIPF	PED DETAILS	SECTION ABO	VE		
REASON FOR RECEC	TION									
		PR	ODUCT REC	EIPT CONFIRMATION						
I confirm that the conte	nts of this shipment match in we	eight and count as in	dicated above	ı.						
,	of all items as inicated received above are rejected for delivery a			l. stributor for return to the shipper a	s indicat	ted in this forn	n and all attache	ed produc	t detail	
NAME OF PERSON RECEIVING AND/OR				PHONE						
REJECTIONG PRODUCT						UMBER				
SIGNATURE OF PERS				ינם	ATE SIGNED					