## SALES INVOICE / SHIPPING MANIFEST

|   | E/MANIFEST # SO6298                    |   | ACTUAL                        | DATE AND TIME OF DEPARTURE                   | 08/14/                                  | 2010 02:07 D                 | M               |          |                 |
|---|--|---|-------------------------------|--|---|------------------------------|-----------------|----------|-----------------|
| INVOICE/MANIFEST # SO6298 ATTACHED PAGES No               |  |   |                               | TED DATE AND TIME OF ARRIVAL                 |   | 2019 02.07 F                 | IVI             |          |                 |
|   | .10                                    |   |                               |  | -                                       |                              |                 |          |                 |
|   | SHIPP                                  | ER INFORMATION  |                               | RECEIVER INFORMATION                         |   |                              |                 |          |                 |
| STATE LICENSE # C1  |  | C11-0000224-LIC   | 1-0000224-LIC STATE LICENSE # |  |   | A10-18-0000                  | 191             |          |                 |
|   | F LICENSE                              | License   |                               | STATE LICENSE2 #                             |   |                              |                 |          |                 |
| BUSINESS NAME Oz Distribution, Inc.                       |  |   | TYPE OF LICENSE               |  | Retailer Licer                          | nse                          |                 |          |                 |
| BUSINESS ADDRESS 195 Harvey West Blvd                     |  |   | BUSINESS NAME                 |  | D M COMPASSION CENTER                   |                              |                 |          |                 |
| CITY, STATE, ZIP CODE Santa Cruz, CA                      |  |   | BUSINESS ADDRESS              |  | 14491 Olympic Drive Clearlake, CA 95422 |                              |                 |          |                 |
| 950602126   |  |   | CITY, STATE, ZIP CODE         |  | Clearlake, CA 95422                     |                              |                 |          |                 |
| PHONE NUMBER (831) 600-7710                               |  |   | PHONE NUMBER                  |  | 707 994-1320                            |                              |                 |          |                 |
| CONTACT NAME Miguel Felix                                 |  |   |                               | CONTACT NAME                                 |   |                              |                 |          |                 |
|   |  |   | DISTRIBUT                     | OR INFORMATION                               |   |                              |                 |          |                 |
| OT 4 TE 1   | IOENIOE "                              | 044 0000004110  |                               | DDIVEDIO NAME                                |   | D II M                       |                 |          |                 |
|   |  | C11-0000224-LIC   |                               | DRIVER'S NAME                                |   | Bradley Martinez<br>B9489158 |                 |          |                 |
| BUSINESS NAME BUSINESS ADDRESS                            |  | Oz Distribution, Inc.   |                               | CA DRVR LIC # VEHICLE MAKE                   |   | Ford                         |                 |          |                 |
|   |  | 195 Harvey West Blvd<br>Santa Cruz, CA 950602126                      |                               | VEHICLE MODEL                                |   | Transit                      |                 |          |                 |
|   |  | (831) 600-7710  |                               | VEHICLE MODEL  VEHICLE LIC. PLATE #          |   | 54269L2                      |                 |          |                 |
| CONTACT NAME Miguel Felix                                 |  |   | ACTUAL DATE AND TIME OF       |  | J4203L2                                 |                              |                 |          |                 |
| JONTAC  | OT NAME                                | Iviiguei i elix   |                               | ARRIVAL                                      |   |                              |                 |          |                 |
|   |  |   | PRODUCT S                     | SHIPPED DETAILS                              |   |                              |                 |          |                 |
|   |  | RECEIVER  | R COMPLETES ONL               | Y THE SHADED COLUMNS BELO                    | W                                       |                              |                 |          |                 |
|   |  |   |                               |  |   | QTY UNIT                     |                 |          | TOTAL<br>RETAIL |
| JID   | ITEM NAME                              |   |                               | REC'IDOST                                    | TOTAL COST                              |                              | VALUE           |          |                 |
|   | Royal Tree Hybrid Flower Venom OG 3.5g |   |                               |  | 22                                      | \$21.50                      |                 |          |                 |
|   | Royal Tree Hybrid Indoor               | r Flower Papaya 3.5g  |                               |  | 5                                       | \$21.50                      | \$107.50        |          |                 |
|   |  |   | PRODUC                        | CT REJECTION                                 |   |                              |                 |          |                 |
|   | IF PRODUCTS                            | ARE REJECTED PLEASE CIRC  | CLE THE ITEMS BEI             | NG REJECTED IN THE PRODUCT                   | SHIPPI                                  | ED DETAILS                   | SECTION ABO     | VE       |                 |
| REASO   | ON FOR RECECTION                       |   |                               |  |   |                              |                 |          |                 |
|   |  |   |                               |  |   |                              |                 |          |                 |
|   |  |   | PRODUCT REC                   | EIPT CONFIRMATION                            |   |                              |                 |          |                 |
| I confir  | m that the contents of this s          | shipment match in weight and cou                                      | int as indicated above        | e.   |   |                              |                 |          |                 |
| _   | oducts circled abbove are re           | s as inicated received above - and ejected for delivery and remain in |                               | d.<br>stributor for return to the shipper as | indicate                                | ed in this form              | and all attache | d produc | t detail        |
|   | OF PERSON RECEIVING                    | AND/OR  |                               |  |   | ONE                          |                 |          |                 |
| SIGNATURE OF PERSON RECEIVING AND/OR<br>REJECTING PRODUCT |  |   |                               |  |   | TE SIGNED                    |                 |          |                 |