SALES INVOICE / SHIPPING MANIFEST

INIVOICE	/MANIFEST # SO696	2	ACTUAL	DATE AND TIME OF DEDARTIBE	00/25	/2010 02:01 D	M		
INVOICE/MANIFEST # SO6963 ATTACHED PAGES No				ACTUAL DATE AND TIME OF DEPARTURE 09/25/2019 02:01 PM ESTIMATED DATE AND TIME OF ARRIVAL					
	SHIP	PER INFORMATION		RECEIVER INFORMATION					
STATE LICENSE # C1		C11-0000224-LIC	0000224-LIC STATE LICENSE #			C10-0000111	-LIC		
TYPE OF LICENSE License		License		STATE LICENSE2#					
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME		Davis Cannabis Collective			
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		2121 2nd Street Suite C101				
950602126			CITY, STATE, ZIP CODE		Davis, CA 95618				
PHONE NUMBER (831) 600-7710			PHONE NUMBER		(530) 747-2057				
CONTACT NAME Miguel Felix				CONTACT NAME					
			DISTRIBUT	OR INFORMATION					
QTATE I	ICENSE #	C11-0000224-LIC		DRIVER'S NAME		Rodel Jardele	170		
STATE LICENSE # 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		Transit			
PHONE NUMBER		(831) 600-7710		VEHICLE LIC. PLATE #		54269L2			
CONTACT NAME Miguel Felix				ACTUAL DATE AND TIME OF					
			PPODLICT	SHIPPED DETAILS					
		RECEIVE		LY THE SHADED COLUMNS BELO	١٨/				
		TAZOZIVZ		ET THE OTHER OCCUMENTS BEES					
					OTY	QTY UNIT		UNIT RETAII	TOTAL RETAIL
UID	ITEM NAME					REC'IDOST	TOTAL COST		
Summit Boys Crumble Mango Brulee 1g				30					
Royal Tree Indoor Flower Hybrid Banjo 3.5g						\$22.00			
	IF PRODUC	TS ARE REJECTED PLEASE CIRC		ICT REJECTION ING REJECTED IN THE PRODUCT	SHIPP	ED DETAILS	SECTION ARC	VF	
	11 1 110000	TO THE RESECTED FEEROE SHO	OLE THE HEIMO BE	ING REGEOTED IN THE PRODUCT	OI III I	LD DL ITALO	OLO HON ADO	V L	
REASC	ON FOR RECECTION								
			PPODLICT PE	CEIPT CONFIRMATION					
Loonfin	m that the contents of th	is shipment match in weight and co							
		ms as inicated received above - and							
_	oducts circled abbove ar			listributor for return to the shipper as	indicate	ed in this form	and all attache	d produc	t detail
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT						IONE JMBER			
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						ATE SIGNED			