SALES INVOICE / SHIPPING MANIFEST

INIVOICE	MANIFEST # SO6620		ACTUAL	DATE AND TIME OF DEBARTIBE	00/01	2/2010	10·57 A				
INVOICE/MANIFEST # SO6620 ATTACHED PAGES No				ACTUAL DATE AND TIME OF DEPARTURE 09/03/2019 10:57 AM ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION				RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC			STATE LICENSE #	0000173	-LIC						
TYPE OF LICENSE License			STATE LICENSE2#		C10-0000173-LIC						
BUSINESS NAME Oz Distribution, Inc.				TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME		NHS Collective					
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		1901 Atlantic Ave.						
950602126			CITY, STATE, ZIP CODE		Long Beach , CA 90806						
PHONE NUMBER (831) 600-7710				PHONE NUMBER		(562) 528-8810					
CONTAC	T NAME	Miguel Felix		CONTACT NAME							
			DISTRIBUT	OR INFORMATION							
STATE LICENSE # C11-0000224-LIC			DRIVER'S NAME			Angel Rodriguez					
BUSINESS NAME		Oz Distribution, Inc.	Distribution, Inc. CA DRVR LIC #			B914	7506				
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 #		5426	9L2				
CONTAC	T NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL							
			PRODUCT	SHIPPED DETAILS							
		RECEIVE	ER COMPLETES ON	LY THE SHADED COLUMNS BELO	W						
									UNIT	TOTAL	
					QTY	QTY	UNIT		RETAIL	RETAIL	
UID	ITEM NAME				ORD	REC'	DOST	TOTAL COST	VALUE	VALUE	
S-Elite Hybrid Preroll El Cucuy 1g				18	3	\$0.01	\$0.18				
	S-Elite Hybrid Preroll Ali	ien OG 1g			18	3	\$0.01	\$0.18			
				CT REJECTION							
	IF PRODUCT	S ARE REJECTED PLEASE CIR	CLE THE ITEMS BEI	NG REJECTED IN THE PRODUCT	SHIP	PED D	ETAILS S	SECTION ABO	VE		
REASO	N FOR RECECTION										
			PRODUCT REC	CEIPT CONFIRMATION							
I confirm	n that the contents of this	shipment match in weight and co									
		is as inicated received above - an									
The pro		rejected for delivery and remain in	n the custody of the d	istributor for return to the shipper as	indica	ted in t	his form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR						HONE					
REJECTIONG PRODUCT SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						UMBE ATE S	IGNED				