SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7542				ACTUAL DATE AND TIME OF DEPARTURE 11/05/2019 03:17 PM ESTIMATED DATE AND TIME OF ARRIVAL							
ATTACHED PAGES No											
SHIPPER INFORMATION					RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LIC			STATE LICENSE #		STATE LICENSE #	C ²	C12-0000017-LIC				
TYPE OF LICENSE License			STATE LICENSE2#		C12-0000017-LIC						
BUSINESS NAME Oz Distribution, Inc.			nc.	TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd			t Blvd		BUSINESS NAME	Cł	nronic Pain I	Releaf			
CITY, STATE, ZIP CODE Santa Cruz, CA					BUSINESS ADDRESS	15	01 Santa Fe	e Ave.			
950602126				CITY, STATE, ZIP CODE		Lo	Long Beach, CA 90813				
PHONE NUMBER (831) 600-7710				PHONE NUMBER		(562) 676-4242					
CONTACT NAME Miguel Felix			CONTACT NAME								
			D	ISTRIBUTOR	RINFORMATION						
STATE LICENSE # C11-0000224-LIC			DRIVER'S NAME		laı	lan John Sternberger					
BUSINESS NAME		Oz Distribution, I	ibution, Inc.		CA DRVR LIC #		B9920672				
BUSINESS ADDRESS 195 Harvey		195 Harvey West	st Blvd		VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE Santa Cruz		Santa Cruz, CA 9	950602126		VEHICLE MODEL		Transit				
PHONE NUMBER (831) 6		(831) 600-7710			VEHICLE LIC. PLATE #	54	269L2				
CONTACT NAME Miguel Felix				ACTUAL DATE AND TIME OF ARRIVAL							
					IIPPED DETAILS THE SHADED COLUMNS BELOV	W			UNIT	TOTAL	
						QTY QT				RETAIL	
UID ITEM NAME								TOTAL COST		VALUE	
[CT00210] Summit Boys Caviar Crumble Forbidden Fruit 1G						12	\$16.00				
[CT00214] Summit Boys Caviar Crumble Pac Glue 1g						12	\$16.00				
[CT00216] Summit Boys Caviar Gorilla Glue 1g [CT00215] Summit Boys Caviar Crumble Pac USA 1g						12 12	\$16.00 \$16.00				
[CT00192] Heavenly Sweet Edible Cannabutter 1000mg THC 4oz						10	\$22.00				
CT00191] Heavenly Sweet Edible Cannabutter 1000mg THC 4 oz						10 \$33.00		\$330.00			
				PPODLICT	REJECTION						
	IF PRODUC	CTS ARE REJECTED P	LEASE CIRCLE THE I		REJECTED IN THE PRODUCT	SHIPPED	DETAILS S	SECTION ABO	VE		
DE 4.00	N FOR RECEATION										
REASO	N FOR RECECTION										
			DDO	DUCT DECE	PT CONFIRMATION						
Loonfirm	that the contents of th	sis shipmont motob in we			FICONFIRMATION						
		nis shipment match in we ems as inicated received	-								
_	ducts circled abbove a				ibutor for return to the shipper as i	indicated	in this form	and all attached	d product	t detail	
(-)											
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT						PHONE NUMBER					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						DATE	SIGNED				