SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7762		ACTUAL DATE AND TIME OF DEPARTURI	E 11/15/2019 07:35	Δ Ν Λ			
ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRIVAL		-AIVI			
			_				
SHI	PPER INFORMATION	REC	RECEIVER INFORMATION				
STATE LICENSE # C11-0000224-LIC		STATE LICENSE #	C10-000030	C10-0000307-LIC			
TYPE OF LICENSE	License	STATE LICENSE2 #					
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer Lice	Retailer License			
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME		Foothill Health and Wellness			
CITY, STATE, ZIP CODE			nd Dr Suite A				
950602126		CITY, STATE, ZIP CODE	Shingle Springs, CA 95382				
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	530-676-4532				
CONTACT NAME	Miguel Felix	CONTACT NAME					
		DISTRIBUTOR INFORMATION					
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	lan John Ste	lan John Sternberger			
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC #	B9920672				
BUSINESS ADDRESS	195 Harvey West Blvd	VEHICLE MAKE	Ford				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		VEHICLE MODEL	Transit	Transit			
PHONE NUMBER	(831) 600-7710	VEHICLE LIC. PLATE #	54269L2				
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF					
		ARRIVAL					
	RECEIVE	PRODUCT SHIPPED DETAILS R COMPLETES ONLY THE SHADED COLUMNS BELC	DW				
UID ITEM NAME			QTY QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
[ED00139] Dreamers Edible Oil Syringe Indica 1G			10 \$20.0				
[ED00137] Dreamers Edible Oil Syringe Satvia 1G			10 \$20.0	0 \$200.00			
IF PRODU	JCTS ARE REJECTED PLEASE CIRC	PRODUCT REJECTION CLE THE ITEMS BEING REJECTED IN THE PRODUCT	SHIPPED DETAILS	SECTION ABO	VE		
REASON FOR RECECTION							
		PRODUCT RECEIPT CONFIRMATION					
I confirm that the contents of	this shipment match in weight and cou	unt as indicated above.					
	items as inicated received above - and are rejected for delivery and remain in	d which are not circled. the custody of the distributor for return to the shipper as	s indicated in this form	n and all attache	d produc	t detail	
NAME OF PERSON RECEIV	/ING AND/OR		PHONE NUMBER				
SIGNATURE OF PERSON R REJECTING PRODUCT	RECEIVING AND/OR		DATE SIGNED				