SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7608 ATTACHED PAGES No SHIPP STATE LICENSE #			IAL DATE AND TIME OF DEPARTUR		/2019 04:28 PI	VI					
SHIPP		ESIII	WATED DATE AND TIME OF ARRIVA	ıL							
					ESTIMATED DATE AND TIME OF ARRIVAL						
STATE LICENSE #	C11-0000224-LIC	SHIPPER INFORMATION			RECEIVER INFORMATION						
	STATE LICENSE # C11-0000224-LIC		STATE LICENSE #		C10-0000434	-LIC					
TYPE OF LICENSE	License		STATE LICENSE2 #								
BUSINESS NAME	Oz Distribution, Inc.		TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd		BUSINESS NAME		LAVC							
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126			BUSINESS ADDRESS	6132 Wilshire Blvd							
			CITY, STATE, ZIP CODE		Los Angeles, CA 90048						
PHONE NUMBER	R (831) 600-7710		PHONE NUMBER		323-500-1040						
CONTACT NAME Miguel Felix			CONTACT NAME								
		DISTRIB	UTOR INFORMATION								
		DIOTRID	OTOR INI ORWATION								
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	Angel Rodriguez								
BUSINESS NAME	SS NAME Oz Distribution, Inc.		CA DRVR LIC #		B9147506						
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 ARRIVAL								
	RECEIVER		CT SHIPPED DETAILS DNLY THE SHADED COLUMNS BELO	OW							
UID ITEM NAME					QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE			
[ED00118] Dollar Dose - lozenge - Indica Apple - 5mg				500	\$0.50	\$250.00					
[ED00018] Dollar Dose - lozenge - Sativa Watermelon - 5mg				500	\$0.50	\$250.00					
[CT00214] Summit Boys Caviar Crumble Pac Glue 1g				12	\$16.00						
[CT00229] Summit Boys Caviar Crumble Forbidden Sunset 1g					\$16.00	\$192.00					
		PROI	DUCT REJECTION								
IF PRODUCTS	ARE REJECTED PLEASE CIRCL	E THE ITEMS I	BEING REJECTED IN THE PRODUC	T SHIPF	PED DETAILS	SECTION ABO	VE				
REASON FOR RECECTION											
			RECEIPT CONFIRMATION								
I confirm that the contents of this s	•										
	as inicated received above - and vejected for delivery and remain in the		cled. e distributor for return to the shipper a	s indicat	ed in this form	and all attache	d produc	detail			
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT			PHONE NUMBER								
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT				DA	ATE SIGNED						