SALES INVOICE / SHIPPING MANIFEST

	E/MANIFEST # SO6339	<u> </u>	ACTUAL	_ DATE AND TIME OF DEPARTURE	= 09/1 <i>F</i>	5/2010 12:19	DM		
INVOICE/MANIFEST # SO6339 ATTACHED PAGES No				TED DATE AND TIME OF ARRIVAL		5/2019 12.10	T IVI		
	.23 . 7.020				-				
	SHIPF	PER INFORMATION		RECEIVER INFORMATION					
STATE LICENSE # C1		C11-0000224-LIC	STATE LICENSE #		A10-18-0000231-TEMP				
TYPE OF LICENSE License			STATE LICENSE2 #						
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		Medallion Wellness				
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		4213 McHenry Ave				
950602126			CITY, STATE, ZIP CODE		Modesto, CA 95356				
PHONE NUMBER (831) 600-7710			PHONE NUMBER		209-248-7472				
CONTACT NAME Miguel Felix				CONTACT NAME					
			DISTRIBUT	TOR INFORMATION					
STATE LICENSE #		C11-0000224-LIC		DRIVER'S NAME		Angel Rodriguez			
BUSINESS 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			
CONTAC	CT NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL					
			PRODUCT	SHIPPED DETAILS					
		RECEIVE	ER COMPLETES ON	ILY THE SHADED COLUMNS BELO	W				
								UNIT	TOTAL
					QTY	QTY UNIT		RETAIL	RETAIL
JID	ITEM NAME					REC'IDOST	TOTAL COS	Γ VALUE	VALUE
	Royal Tree Indoor Flower Indica Grape Pie Cookies 3.5g				32		90 \$640.0	0	
Royal Tree Indoor Flower Indica GMO Cookies 3.5g					32	2 \$20.0	90 \$640.0	0	
			PRODU	ICT REJECTION					
	IF PRODUCT	S ARE REJECTED PLEASE CIRC		ING REJECTED IN THE PRODUCT	SHIPE	PED DETAILS	SECTION ABO	OVE	
DEASO	ON FOR RECECTION								
KEAS	ON FOR RECECTION								
			PRODUCT REG	CEIPT CONFIRMATION					
I confir	m that the contents of this	shipment match in weight and cou	unt as indicated abov	ve.					
_	oducts circled abbove are	ns as inicated received above - and rejected for delivery and remain in		ed. distributor for return to the shipper as	indica	ted in this form	n and all attach	ed produc	t detail
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT						HONE UMBER			
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						ATE SIGNED			