## SALES INVOICE / SHIPPING MANIFEST

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INVOICE/MANIFEST # SO6823			ACTUAL [	ACTUAL DATE AND TIME OF DEPARTURE 09/10/2019 04:23 PM								
ATTACHI	ED PAGES	No	ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC			C		STATE LICENSE #		C10-0000381-LIC					
TYPE OF LICENSE License				STATE LICENSE2#								
BUSINESS NAME Oz Distribution, Ir			nc.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West		t Blvd		BUSINESS NAME		Unified Patient Alliance						
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS		8416 Lankershim Blvd						
				CITY, STATE, ZIP CODE		Sun Valley, CA 91352						
PHONE NUMBER (831) 600-7710				PHONE NUMBER		(818) 504-8255						
CONTACT NAME Miguel Felix					CONTACT NAME							
				DISTRIBUTO	R INFORMATION							
STATELL	ICENSE #	C11-0000224-LI0			DRIVER'S NAME		Ange	el Rodrigu	10.7			
		Oz Distribution, li			CA DRVR LIC # B9147506				guez			
BUSINESS ADDRESS		195 Harvey West			VEHICLE MAKE	Ford						
		Santa Cruz, CA 9			VEHICLE MODEL		Trans					
PHONE NUMBER		(831) 600-7710	,00002.20		VEHICLE LIC. PLATE #							
		Miguel Felix			ACTUAL DATE AND TIME (							
		3.1			ARRIVAL							
				PRODUCT S	HIPPED DETAILS							
			RECEIVER COMP	PLETES ONL'	Y THE SHADED COLUMNS BE	ELOW						
										UNIT	TOTAL	
						QTY	QTY	UNIT		RETAIL	RETAIL	
UID ITEM NAME					ORD	REC'	<b>D</b> OST	TOTAL COST	VALUE	VALUE		
Summit Boys Crumble Mango Brulee 1g		rumble Mango Brulee 1g				5	5	\$12.00	\$60.00			
The Oz Indica Wedding Cake Crumble 1g					6	6	\$12.00	\$72.00				
ED0079] Heavenly Sweet Edible Munchies Muddy Buddies			dies 100mg THC			10	0	\$7.50	\$75.00			
				PRODUC	T REJECTION							
	IF PR	ODUCTS ARE REJECTED P	LEASE CIRCLE THE	ITEMS BEIN	G REJECTED IN THE PRODU	JCT SHIPF	PED D	ETAILS S	SECTION ABO	VE		
REASC	N FOR RECECT	TION										
			PRO		EIPT CONFIRMATION							
Lconfirm	n that the content	s of this shipment match in we										
I agree	to take custody o	f all items as inicated received	above - and which a	are not circled		r as indicat	ted in t	this form	and all attache	d produc	t detail	
NAME (	OF PERSON RF	CEIVING AND/OR				PI	HONE					
REJECTIONG PRODUCT					NUMBER							
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					DATE SIGNED							