## SALES INVOICE / SHIPPING MANIFEST

				ACTUAL DATE AND TIME OF DEPARTURE 10/02/2019 04:20 PM								
ATTACHI	ED PAGES	No	ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC			3		STATE LICENSE #		C10-0000232-LIC					
TYPE OF LICENSE License				STATE LICENSE2 #								
BUSINESS NAME Oz Distribution, In		nc.		TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West BI				BUSINESS NAME		Heart of the Emerald LLC						
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS		103 5th Street						
950602126					CITY, STATE, ZIP CODE		Eureka, CA 95501					
PHONE NUMBER (831) 600-7710				PHONE NUMBER		0						
CONTACT NAME Miguel Felix					CONTACT NAME							
				DISTRIBUTO	OR INFORMATION							
STATE LICENSE # C11:		C11-0000224-LI0	1-LIC		DRIVER'S NAME	Bradley Marti			inez			
BUSINESS NAME		Oz Distribution, I	Oz Distribution, Inc.		CA DRVR LIC #	B9489158						
BUSINESS ADDRESS			195 Harvey West Blvd		VEHICLE MAKE		Ford					
CITY, STATE, ZIP CODE					VEHICLE MODEL		Transit					
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE #		54269L2					
CONTACT NAME		Miguel Felix			ACTUAL DATE AND TIME OF							
					ARRIVAL							
			RECEIVER COM		SHIPPED DETAILS Y THE SHADED COLUMNS BELC	)W						
UID	ITEM NAME						QTY		TOTAL COST		TOTAL RETAIL VALUE	
FL00407] S - Royal Tree Indoor Flower Hybrid Forbidden Frui		n Fruit 3.5a	ruit 3.5a			1	\$0.01	\$0.01				
FL00413] S - Royal Tree Indoor Flower Medcare Kush 3.5g								\$0.01	\$0.01			
ED00125] S - Dollar Dose - lozenge - CBD Lemon-Ginger - 40mg CBD							1	\$0.01	\$0.01			
				PRODUC	CT REJECTION							
	IF P	RODUCTS ARE REJECTED P	LEASE CIRCLE TH	HE ITEMS BEIN	NG REJECTED IN THE PRODUCT	SHIPI	PED D	ETAILS S	ECTION ABO	VE		
REASO	N FOR RECEC	TION										
			P	RODUCT REC	EIPT CONFIRMATION							
I confirm	n that the conter	nts of this shipment match in we										
	ducts circled ab	of all items as inicated received bove are rejected for delivery a			f. stributor for return to the shipper as	indica	ited in t	this form a	and all attache	d product	detail	
NAME (	NAME OF PERSON RECEIVING AND/OR				PHONE							
REJECTIONG PRODUCT						N	UMBE	R				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE S	IGNED				