SALES INVOICE / SHIPPING MANIFEST

		,								
INVOICE/MANIFEST # SO7954				ACTUAL DATE AND TIME OF DEPARTURE 11/26/2019 03:55 PM						
ATTACHE	ED PAGES	No	ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION					RECEIVER INFORMATION					
STATE LICENSE # C11-0000224-LIC			3		STATE LICENSE #		M9-17-0000	M9-17-0000004-TEMP		
	LICENSE	License			STATE LICENSE2 #		1110 17 0000	001121111		
BUSINESS NAME Oz Distribution, Inc		nc.		TYPE OF LICENSE		Retailer Lice	ense			
BUSINESS ADDRESS 195 Harvey West Blvd					BUSINESS NAME		Ohana Gardens			
CITY, STATE, ZIP CODE Santa Cruz, CA					BUSINESS ADDRESS		198 Opportunity St			
950602126					CITY, STATE, ZIP CODE		Sacramento, CA 94838			
PHONE NUMBER (831) 600-7710				PHONE NUMBER		916-969-8558				
CONTACT NAME Miguel Felix					CONTACT NAME					
				DISTRIBUTO	DR INFORMATION					
STATE I II	CENSE #	C11-0000224-LI	`		DRIVER'S NAME		Angel Rodri	OLIAZ		
STATE LICENSE # BUSINESS NAME			Oz Distribution, Inc.		CA DRVR LIC #		B9147506			
BUSINESS ADDRESS			195 Harvey West Blvd		VEHICLE MAKE					
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					
		,g			ARRIVAL					
			RECEIVER COM		SHIPPED DETAILS Y THE SHADED COLUMNS BELO	WC			UNIT	TOTAL
							QTY UNIT			RETAIL
UID ITEM NAME						REC'IDOST	TOTAL COS		VALUE	
ED00018] Dollar Dose - lozenge - Sativa Watermelon - 5mg						50				
ED00118] Dollar Dose - lozenge - Indica Apple - 5mg CT00191] Heavenly Sweet Edible Cannabutter 2000mg THC 4 oz						50		-		
	,,,						722	V 1,00010		
	IF P	PRODUCTS ARE REJECTED P	LEASE CIRCLE TH		T REJECTION NG REJECTED IN THE PRODUCT	T SHIP	PED DETAILS	S SECTION AB	OVE	
DEACO	N FOR RECE	OTION.								
REASO	N FOR RECEC	TION								
					EIPT CONFIRMATION					
I agree t	to take custody ducts circled at	onts of this shipment match in we of all items as inicated received obove are rejected for delivery a	above - and which	n are not circled		s indica	ated in this for	n and all attach	ed produc	t detail
	NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT							ATE SIGNED			