## SALES INVOICE / SHIPPING MANIFEST

		D7 1L	LD II I O	ICD / L			, 1					
INVOICE/MANIFEST # SO6841			ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 09/11/2019 03:01 PM								
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC					STATE LICENSE #		C10-0000088-LIC					
	TYPE OF LICENSE License				STATE LICENSE2 #							
BUSINESS NAME Oz Distribution, Inc.				TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd		vd	BUSINESS NAME			Sundialed Ukiah						
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		· ·	CA		BUSINESS ADDRESS	2601 N State St.						
					CITY, STATE, ZIP CODE		Ukiah, CA 95482					
PHONE NUMBER (831) 600-77		(831) 600-7710			PHONE NUMBER		(707) 298-8105					
CONTACT NAME Miguel Felix					CONTACT NAME							
			Γ	DISTRIBUTO	R INFORMATION							
QTATE I	LICENSE #	C11-0000224-LIC			DRIVER'S NAME		Bro	dlov Martir	207			
	SS NAME	Oz Distribution, Inc.			CA DRVR LIC #		Bradley Martinez B9489158					
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 O	F						
		, 5			ARRIVAL							
					HIPPED DETAILS							
		F	RECEIVER COMPI	LETES ONLY	THE SHADED COLUMNS BEI	LOW						
UID	ITEM NAME							UNIT	TOTAL COST		TOTAL RETAIL VALUE	
	S - Cosmo D's Edible Chocolate Bar Hazy Hazelnut 100mg						2	\$0.01	\$0.02			
S - Cosmo D's Edible Chocolate Bar Extra Toasted Coconu		ed Coconut 100mg	t 100mg			2	\$0.01	\$0.02				
S - Royal Tree Hybrid Indoor Flower Papaya 3.5g								\$0.01	\$0.00			
				PRODUC'	T REJECTION							
	IF PRODU	CTS ARE REJECTED PLEA	ASE CIRCLE THE	ITEMS BEIN	G REJECTED IN THE PRODUC	CT SHIP	PED [	DETAILS S	SECTION ABO	VE		
REAS	ON FOR RECECTION											
			PRO	DUCT RECE	IPT CONFIRMATION							
I confir	rm that the contents of th	nis shipment match in weigh	nt and count as indi	icated above								
	oducts circled abbove a	ems as inicated received ab re rejected for delivery and			tributor for return to the shipper a	as indica	ited in	this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR					PHONE							
REJECTIONG PRODUCT							UMBE					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE S	SIGNED				