## SALES INVOICE / SHIPPING MANIFEST

INIVOICE	MANIFEST # SO658	5	۸ ۲۱۱۸۱ ۲	DATE AND TIME OF DEPARTURE	- 00/04	1/2010 01:20 🛭	NA			
INVOICE/MANIFEST # SO6585 ATTACHED PAGES No				ED DATE AND TIME OF ARRIVAL		+/2019 01.20 F	IVI			
,					-					
	SHIP	PER INFORMATION		RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LIC		C11-0000224-LIC		STATE LICENSE #		C10-000030	7-LIC			
	LICENSE	License		STATE LICENSE2 #						
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer Lice	nse				
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		Foothill Health and Wellness					
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		3830 Dividend Dr Suite A					
950602126			CITY, STATE, ZIP CODE		Shingle Springs, CA 95382					
PHONE NUMBER (831) 600-7710			PHONE NUMBER		530-676-4532					
CONTACT NAME Miguel Felix				CONTACT NAME						
			DISTRIBUTO	R INFORMATION						
STATE LICENSE # C11-0000224-LIC			DRIVER'S NAME	RIVER'S NAME Bradley			Martinez			
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #		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				
CONTAC	CT NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL						
		RECEIVE		HIPPED DETAILS 7 THE SHADED COLUMNS BELO	)W					
UID	ITEM NAME					QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
	Elite Hybrid Preroll Alie	en OG 1g			50					
	Elite Hybrid Preroll El 0				50	\$4.00	\$200.00			
			DDODI IO	T DE JECTION						
	IF PRODUC	TS ARE REJECTED PLEASE CIRC		T REJECTION G REJECTED IN THE PRODUCT	SHIPF	PED DETAILS	SECTION ABO	VE		
REASC	ON FOR RECECTION									
			PRODUCT RECE	IPT CONFIRMATION						
I confir	m that the contents of thi	s shipment match in weight and cou								
I agree	to take custody of all iter oducts circled abbove are	ms as inicated received above - and e rejected for delivery and remain in	d which are not circled.		indicat	ted in this form	and all attache	d produc	t detail	
	OF PERSON RECEIVIN	G AND/OR				HONE UMBER				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					D	ATE SIGNED				