SALES INVOICE / SHIPPING MANIFEST

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INVOICE/MANIFEST # SO7112			ACTUAL DATE AND TIME OF DEPARTURE 10/02/2019 04:22 PM									
ATTACHI	ED PAGES No		ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC			3		STATE LICENSE #		C12-0000194-LIC					
TYPE OF LICENSE License					STATE LICENSE2 #							
BUSINESS NAME Oz Distribution, Ir			nc.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West			Blvd		BUSINESS NAME		The Heart of Humboldt					
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS		601 I Street						
950602126					CITY, STATE, ZIP CODE		Arcata, CA 95521					
PHONE NUMBER (831) 600-7710				PHONE NUMBER		(707) 822-9330						
CONTACT NAME Miguel Felix					CONTACT NAME							
			D	ISTRIBUTO	R INFORMATION							
STATELL	ICENSE #	C11-0000224-LIC			DRIVER'S NAME		Brad	dlev Martin	10.7			
		Oz Distribution, I						Bradley Martinez B9489158				
BUSINESS ADDRESS		195 Harvey West						Ford				
		Santa Cruz, CA 9			VEHICLE MODEL Transit							
PHONE NUMBER		(831) 600-7710	700002120		VEHICLE LIC. PLATE # 54269L2							
CONTACT NAME		Miguel Felix			ACTUAL DATE AND TIME C)F						
00111710	110,000	Wilgdon Clink			ARRIVAL	,,						
					HIPPED DETAILS							
			RECEIVER COMPL	ETES ONLY	THE SHADED COLUMNS BE	LOW						
										UNIT	TOTAL	
						QTY	QTY	UNIT		RETAIL	RETAIL	
UID ITEM NAME								TOTAL COST	VALUE	VALUE		
FL00327] Royal Tree Indoor Flower Indica Grape Pie Cookies 3.5g			-			64		\$22.00	\$1,408.00			
[FL00321] Royal Tree Indoor Flower Hybrid Forbidden Fruit 3.5g			-				1	\$22.00	\$1,408.00			
CT00192] Heavenly Sweet Edible Cannabutter 1000mg THC 4oz					30 \$22.0				\$660.00			
				PRODUCT	REJECTION							
	IF PRODUCTS	S ARE REJECTED PI	LEASE CIRCLE THE I	TEMS BEIN	G REJECTED IN THE PRODU	CT SHIPF	PED	DETAILS S	SECTION ABO	VE		
REASC	N FOR RECECTION											
			PROI	DUCT RECE	IPT CONFIRMATION							
I confirm	n that the contents of this	shipment match in we			III I CON INNINATION							
l agree	to take custody of all item oducts circled abbove are	s as inicated received	above - and which are	e not circled.	ributor for return to the shipper	as indicat	ted in	this form a	and all attache	d produc	t detail	
NAME (OE DEDCON DECENTACIO	AND/OP				Di	JONIT	=				
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER							
SIGNATURE OF PERSON RECEIVING AND/OR								SIGNED				
REJECTING PRODUCT						וט		SIGNED				