SALES INVOICE / SHIPPING MANIFEST

		571	LLD II V O	ICD / D			, 1					
INVOICE/MANIFEST # SO7964 A				ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 11/26/2019 04:03 PM							
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE L	ICENSE #	C11-0000224-LI0			STATE LICENSE #							
TYPE OF	LICENSE	License			STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Inc.			nc.		TYPE OF LICENSE	Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd		Blvd	BUSINESS NAME			Sebastien Briaire Samples						
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS	0							
		950602126			CITY, STATE, ZIP CODE		0, CA 0					
PHONE NUMBER (831) 600-7710				PHONE NUMBER		0						
CONTACT NAME Miguel Felix					CONTACT NAME							
			D	DISTRIBUTOR	RINFORMATION							
STATE L	ICENSE #	C11-0000224-LI0	2		DRIVER'S NAME		Rod	el Jardele:	za			
BUSINESS NAME			Oz Distribution, Inc.		CA DRVR LIC #		B82636677					
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 # 5426			269L2				
CONTAC	CT NAME	Miguel Felix			ACTUAL DATE AND TIME OF ARRIVAL	=						
					HIPPED DETAILS	0111						
			RECEIVER COMPL	ETES ONLY	THE SHADED COLUMNS BEL	OW						
UID	ITEM NAME							UNIT	TOTAL COST		TOTAL RETAIL VALUE	
S -Royal Tree Indoor Flower Sugar Plum Sativa 3.5g S -Kanebes Sativa Flower Sunset Sherbert 3.5g		/a 3.5α				2	\$0.01	\$0.02				
		-	-				2	\$0.01	\$0.02			
FL00635] S -Kanebes Indica Flower Hollyweed 3.5g						2	\$0.01	\$0.02				
				PRODUCT	REJECTION							
	IF PRODU	CTS ARE REJECTED P	LEASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	T SHIPI	PED D	ETAILS S	SECTION ABO	VE		
REASC	ON FOR RECECTION											
			PR∩I	DUCT RECE	IPT CONFIRMATION							
I confirr	m that the contents of the	nis shipment match in we										
l agree	to take custody of all it oducts circled abbove a	ems as inicated received	above - and which are	e not circled.	ributor for return to the shipper a	s indica	ted in	this form a	and all attached	d product	t detail	
NAME OF PERSON RECEIVING AND/OR					PHONE							
REJECTIONG PRODUCT							UMBE					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE S	SIGNED				