SALES INVOICE / SHIPPING MANIFEST

INVOICE	MANIFEST # SO7096	3	ACTUAL	DATE AND TIME OF DEPARTURE	10/1	8/2019 (14·17 PN	1			
INVOICE/MANIFEST # SO7096 ATTACHED PAGES No				TED DATE AND TIME OF ARRIVAL		0/2013	J-1.17 1 1	<i>,</i> 1			
	SHIPI	PER INFORMATION		RECEIVER INFORMATION							
STATE LICENSE #		C11-0000224-LIC	C STATE LICENSE #			C10-0	000355	·LIC			
TYPE OF LICENSE License			STATE LICENSE2#								
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME		Valley Herbal Center VHC					
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		14522	2 Victory	Blvd				
950602126			CITY, STATE, ZIP CODE			Van Nuys, CA 91405					
PHONE NUMBER (831) 600-7710			PHONE NUMBER		8187861100						
CONTACT NAME Miguel Felix				CONTACT NAME							
			DISTRIBUT	OR INFORMATION							
STATE LICENSE # C11-0000224-LIC				DRIVER'S NAME			Angel Rodriguez				
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #			9147506				
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 #		54269					
CONTACT NAME Miguel Felix			ACTUAL DATE AND TIME O								
		DECEME		SHIPPED DETAILS	NA/						
		RECEIVE	R COMPLETES ON	LY THE SHADED COLUMNS BELO	VV						
JID	ITEM NAME					QTY U		TOTAL COST		TOTAL RETAIL VALUE	
[FL00513] Kanebes Indica Flower Wedding Cake 3.5g SMALLS			12			\$8.50	\$1,088.00				
FL00546] Kanebes Hybrid Flower Mimosa Smalls 1g					3	2	\$3.50	\$112.00			
			PRODU	CT REJECTION							
	IF PRODUC	TS ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEI	NG REJECTED IN THE PRODUCT	SHIP	PED DE	TAILS S	SECTION ABO	VE		
REASO	N FOR RECECTION										
			PRODUCT DEC	PEIDT CONFIDMATION							
Loopfirm	s that the contents of this	a chinmont motab in weight and ac-		CEIPT CONFIRMATION							
I agree	to take custody of all iter	s shipment match in weight and couns as inicated received above - and	d which are not circle	d.							
sheet(s)		rejected for delivery and remain in	i the custody of the di	stributor for return to the shipper as	ınaıca	iled in th	iis form	and all attache	u produc	i detali	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT						HONE UMBEF	R				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						ATE SI					