## SALES INVOICE / SHIPPING MANIFEST

| INVOICE/MANIFEST # SO6984  |                            |                           |                            | ACTUAL DATE AND TIME OF DEPARTURE 09/24/2019 02:47 PM |   |                    |                  |                 |           |          |  |
|--|----------------------------|---------------------------|----------------------------|---|---|--------------------|------------------|-----------------|-----------|----------|--|
| ATTACHED PAGES No  |                            |                           |                            | ESTIMATED DATE AND TIME OF ARRIVAL                    |   |                    |                  |                 |           |          |  |
|  | SHIP                       | PER INFORM                | IATION                     |   | RECI  | FI\/FI             | R INFO           | RMATION         |           |          |  |
|  |                            |                           |                            |   | RECEIVER INFORMATION  STATE LICENSE # C12-0000233-LIC |                    |                  |                 |           |          |  |
|  |                            |                           | C11-0000224-LIC<br>License |   | STATE LICENSE # STATE LICENSE2 #                      |                    | 512-0000233      | -LIC            |           |          |  |
| TYPE OF LICENSE License BUSINESS NAME Oz Distribution, Inc.  |                            | 20                        |                            |   | Retailer License                                      |                    |                  |                 |           |          |  |
| BUSINESS ADDRESS 195 Harvey West Blvd  |                            |                           |                            |   | BUSINESS NAME   | Cookies Maywood    |                  |                 |           |          |  |
| CITY, STATE, ZIP CODE Santa Cruz, CA   |                            |                           | t bivu                     |   | BUSINESS ADDRESS                                      | 5815 S Maywood Ave |                  |                 |           |          |  |
| ,  |                            | 950602126                 |                            |   | CITY, STATE, ZIP CODE                                 |                    | Maywood, CA      |                 |           |          |  |
| PHONE NUMBER   |                            | (831) 600-7710            |                            |   | PHONE NUMBER  |                    | +1 310-593-9908  |                 |           |          |  |
| CONTAC   | T NAME                     | Miguel Felix              |                            |   | CONTACT NAME  |                    |                  |                 |           |          |  |
|  |                            |                           |                            |   |   |                    |                  |                 |           |          |  |
|  |                            |                           | ]                          | DISTRIBUTOF   | RINFORMATION  |                    |                  |                 |           |          |  |
|  | ICENSE #                   |                           | C11-0000224-LIC            |   | DRIVER'S NAME   |                    | Angel Rodriguez  |                 |           |          |  |
| BUSINESS NAME  |                            | Oz Distribution, Inc.     |                            |   | CA DRVR LIC #   |                    | B9147506         |                 |           |          |  |
| BUSINESS ADDRESS   |                            | 195 Harvey West Blvd      |                            |   | VEHICLE MAKE  |                    | Ford             |                 |           |          |  |
| CITY, STATE, ZIP CODE  |                            | Santa Cruz, CA 950602126  |                            |   | VEHICLE LIC BLATE #                                   |                    | Transit          |                 |           |          |  |
| PHONE NUMBER CONTACT NAME  |                            | (831) 600-7710            | Miguel Felix               |   | VEHICLE LIC. PLATE #                                  | 54269L2            |                  |                 |           |          |  |
| CONTAC   | 71 NAIVIE                  | iviiguei Felix            |                            |   | ACTUAL DATE AND TIME OF<br>ARRIVAL                    |                    |                  |                 |           |          |  |
|  |                            |                           |                            |   | IIPPED DETAILS<br>THE SHADED COLUMNS BELO             | )W                 |                  |                 |           |          |  |
|  |                            |                           |                            |   |   |                    |                  |                 | UNIT      | TOTAL    |  |
|  |                            |                           |                            |   |   |                    | TY UNIT          |                 |           | RETAIL   |  |
| UID  | ITEM NAME                  |                           |                            |   |   | ORD R              |                  | TOTAL COST      |           | VALUE    |  |
| [ED0067] Heavenly Sweet Edible Treats Fruity 100mg THC   |                            |                           |                            |   |   | \$6.38             |                  |                 |           |          |  |
| [ED0064] Heavenly Sweet Edible Treats Berry Crunch 100mg THC   |                            |                           |                            |   |   | \$6.38             |                  |                 |           |          |  |
| [ED00192] Heavenly Sweet Edible Munchies Cinnful Buddies 100mg THC [ED0079] Heavenly Sweet Edible Munchies Muddy Buddies 100mg THC |                            |                           |                            |   |   | 20                 | \$6.38<br>\$6.38 |                 |           |          |  |
| [ED00123] Heavenly Sweet Edible Markings Maddy Baddles 100mg THC   |                            |                           |                            |   |   | 20                 | \$6.38           |                 |           |          |  |
| [ED0084] Heavenly Sweet Edible Treats Classic 100mg THC  |                            |                           |                            |   | 20 \$6.38   |                    |                  | \$127.60        |           |          |  |
|  |                            |                           |                            | PRODUCT   | REJECTION   |                    |                  |                 |           |          |  |
|  | IF PRODUC                  | CTS ARE REJECTED P        | LEASE CIRCLE THE           |   | REJECTED IN THE PRODUCT                               | SHIPPE             | D DETAILS        | SECTION ABO     | VE        |          |  |
| REASO  | ON FOR RECECTION           |                           |                            |   |   |                    |                  |                 |           |          |  |
|  |                            |                           |                            |   |   |                    |                  |                 |           |          |  |
|  |                            |                           | PRO                        | DUCT RECE   | PT CONFIRMATION                                       |                    |                  |                 |           |          |  |
| I confir   | m that the contents of th  | is shipment match in we   | eight and count as indi    | icated above.   |   |                    |                  |                 |           |          |  |
| _  | to take custody of all ite |                           |                            |   |   |                    |                  |                 |           |          |  |
| The pro  |                            | e rejected for delivery a | nd remain in the custo     | ody of the dist                                       | ributor for return to the shipper as                  | indicated          | d in this form   | and all attache | d product | t detail |  |
|  |                            |                           |                            |   |   |                    |                  |                 |           |          |  |
| NAME OF PERSON RECEIVING AND/OR<br>REJECTIONG PRODUCT  |                            |                           |                            |   |   | PHONE<br>NUMBER    |                  |                 |           |          |  |
| SIGNATURE OF PERSON RECEIVING AND/OR<br>REJECTING PRODUCT  |                            |                           |                            |   |   | DAT                | E SIGNED         |                 |           |          |  |