SALES INVOICE / SHIPPING MANIFEST

| | 57 | LLD II VO | ICL / D | | | , 1 | | | | | |
|---|---|------------------------------------|---------------|---|--------------------|-----------------------|-------------|------------------|-------------------------|--------|--|
| INVOICE/MANIFEST # SO7183 | | | ACTUAL D | ACTUAL DATE AND TIME OF DEPARTURE 10/07/2019 02:53 PM | | | | | | | |
| ATTACHED PAGES | S No | ESTIMATED DATE AND TIME OF ARRIVAL | | | | | | | | | |
| | | | | | | | | | | | |
| SHIPPER INFORMATION | | | | RECEIVER INFORMATION | | | | | | | |
| STATE LICENSE # | C11-0000224-L | IC | | STATE LICENSE # | | C10 | -0000434- | LIC | | | |
| TYPE OF LICENSE | E OF LICENSE License | | | STATE LICENSE2# | | | | | | | |
| BUSINESS NAME Oz Distribution, Inc. | | Inc. | | TYPE OF LICENSE | | Retailer License | | | | | |
| BUSINESS ADDRESS 195 Harvey West Blvd | | | BUSINESS NAME | | LAV | С | | | | | |
| CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 | | | | BUSINESS ADDRESS | 6132 Wilshire Blvd | | | | | | |
| | | | | CITY, STATE, ZIP CODE | | Los Angeles, CA 90048 | | | | | |
| PHONE NUMBER (831) 600-7710 | | | | PHONE NUMBER | | 323-500-1040 | | | | | |
| CONTACT NAME Miguel Felix | | | | CONTACT NAME | | | | | | | |
| | | D | DISTRIBUTO | R INFORMATION | | | | | | | |
| STATE LICENSE # | C11-0000224-L | ıc | | DRIVER'S NAME | | Ang | el Rodrigu | A7 | | | |
| BUSINESS NAME | | Oz Distribution, Inc. | | CA DRVR LIC # | | B9147506 | | | | | |
| BUSINESS ADDRES | | 195 Harvey West Blvd | | VEHICLE MAKE | | Ford | | | | | |
| CITY, STATE, ZIP C | | Santa Cruz, CA 950602126 | | VEHICLE MODEL | | | | | | | |
| PHONE NUMBER | | (831) 600-7710 | | VEHICLE LIC. PLATE # 542 | | | 4269L2 | | | | |
| CONTACT NAME | Miguel Felix | | | ACTUAL DATE AND TIME OF ARRIVAL | | | | | | | |
| | | | | HIPPED DETAILS THE SHADED COLUMNS BELO | OW | | | | | | |
| UID ITEM NA | ME | | | | | | UNIT | TOTAL COST | UNIT RETAIL VALUE | | |
| CT00109] Summit Boys Caviar Crumble Double Scotts OG 1g | | | | | 20 | 0 | \$16.00 | \$320.00 | | | |
| [ED00018] Dollar Do | | 300 | 0 | \$0.50 | \$150.00 | | | | | | |
| [CT00022] S -Summ | | | 1 | \$0.01 | \$0.01 | | | | | | |
| | | | PRODUCT | REJECTION | | | | | | | |
| | IF PRODUCTS ARE REJECTED F | PLEASE CIRCLE THE I | ITEMS BEING | G REJECTED IN THE PRODUC | T SHIP | PED D | ETAILS S | ECTION ABO | VΕ | | |
| REASON FOR RE | ECECTION | | | | | | | | | | |
| | | PROI | DUCT RECE | IPT CONFIRMATION | | | | | | | |
| I confirm that the o | contents of this shipment match in w | eight and count as indi | cated above. | | | | | | | | |
| 0 | stody of all items as inicated receive ed abbove are rejected for delivery | | | ributor for return to the shipper as | s indica | ted in | this form a | and all attached | d product | detail | |
| NAME OF PERSON RECEIVING AND/OR | | | | PHONE | | | | | | | |
| REJECTIONG PR | | | | NUMBER | | | | | | | |
| SIGNATURE OF F | PERSON RECEIVING AND/OR | | | | D. | ATE S | SIGNED | | | | |