## SALES INVOICE / SHIPPING MANIFEST

INIVOICE	/MANIFEST # SO6808		ACTUAL	DATE AND TIME OF DEDARTURE	00/1	6/2	0010 04:00 D	M		
INVOICE/MANIFEST # SO6808 ATTACHED PAGES No				ACTUAL DATE AND TIME OF DEPARTURE 09/16/2019 04:00 PM ESTIMATED DATE AND TIME OF ARRIVAL						
	SHIPF	PER INFORMATION	<u> </u>	RECEIVER INFORMATION						
STATE LICENSE # C11-000		C11-0000224-LIC	C STATE LICENSE #			(	C10-0000285	-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		Sonoma Patient Group					
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		2425 Cleveland Ave #175					
950602126			CITY, STATE, ZIP CODE		Santa Rosa, CA 95403					
PHONE NUMBER (831) 600-7710			PHONE NUMBER		707-526-2800					
CONTACT NAME Miguel Felix				CONTACT NAME						
			DISTRIBUT	OR INFORMATION						
QTATE I I	CENSE #	C11-0000224-LIC		DRIVER'S NAME			Bradlov Marti	007		
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #	Bradley Martinez B9489158					
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 #		54269L2				
CONTACT NAME Miguel Felix				ACTUAL DATE AND TIME OF						
				ARRIVAL						
			PRODUCT	SHIPPED DETAILS						
		RECEIVE		LY THE SHADED COLUMNS BELO	W					
									UNIT	TOTAL
					QTY	ر ر د	OTY UNIT		RETAIL	RETAIL
UID ITEM NAME				ORE	) R	REC'DOST	TOTAL COST	VALUE	VALUE	
S -Royal Tree Hybrid Flower Banana Og 3.5g						\$0.01	\$0.01			
	S -Royal Tree Hybrid Inc	door Flower Black Triangle OG 3.9	5g			1	\$0.01	\$0.01		
			PRODU	CT REJECTION						
	IF PRODUCT	S ARE REJECTED PLEASE CIR		ING REJECTED IN THE PRODUCT	SHIP	PE	D DETAILS	SECTION ABO	VE	
REASO	N FOR RECECTION									
			PRODUCT REC	CEIPT CONFIRMATION						
I confirm	n that the contents of this	shipment match in weight and co	ount as indicated above	/e.						
I agree	to take custody of all item	is as inicated received above - and	d which are not circle	ed.						
The pro		rejected for delivery and remain ir	n the custody of the d	listributor for return to the shipper as	indica	ated	d in this form	and all attache	d produc	t detail
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT				PHONE NUMBER						
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT							TE SIGNED			