## SALES INVOICE / SHIPPING MANIFEST

		SA	LES INVO	ICE / S		ILES	1					
INVOICE	MANIFEST # SO6998			ACTUAL DATE AND TIME OF DEPARTURE 10/01/2019 07:48 PM								
ATTACH	ED PAGES No		ESTIMATED DATE AND TIME OF ARRIVAL									
	SHIPF	PER INFORM	IATION		REC	CEIVE	R INF	OF	RMATION	1		
STATE LICENSE # C11-0000224-LIC				STATE LICENSE #			C10-0000213-LIC					
TYPE OF LICENSE License					STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Inc.			nc.	TYPE OF LICENSE			Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd			t Blvd	BUSINESS NAME		THCSD						
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINES			3703 CAMINO DEL RIO ST					
950602126				CITY			San Diego, CA 92108					
PHONE NUMBER (831) 600-7710			PHONE NUMBER		PHONE NUMBER		(240) 833-1392					
CONTAC	CT NAME	Miguel Felix		CONTACT NAME								
			D	DISTRIBUTOI	R INFORMATION							
074751	IOENIOE "	044 0000004 144	•		DDIVEDIO MAME		<b>-</b>					
	ICENSE #	C11-0000224-LI0			DRIVER'S NAME		Brandon Sumandal					
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		D1309712					
	SS ADDRESS	195 Harvey Wes			VEHICLE MAKE		Ford					
	ATE, ZIP CODE	Santa Cruz, CA 950602126			VEHICLE MODEL		Transit 54269L2					
	NUMBER CT NAME	(831) 600-7710			VEHICLE LIC. PLATE # ACTUAL DATE AND TIME OF		54269L2					
CONTAC	T NAIVIE	Miguel Felix		ARRIVAL								
					HIPPED DETAILS THE SHADED COLUMNS BEL	OW						
JID	ITEM NAME						QTY UNIT				TOTAL RETAIL	
Summit Boys Refined Crumble True (		Crumble True OG 1a				10		'.50	\$175.00	VALUL	VALUL	
Summit Boys Caviar Crumble Banjo Glue 1g								.50 '.50	\$175.00			
Summit Boys Caviar Crumble Gorilla Sherbert 1g						10 20		'.50	\$350.00			
				DD OD LO	DE JEOTION							
	IF PRODUCT	S ARE REJECTED P	LEASE CIRCLE THE I		REJECTION REJECTED IN THE PRODUC	T SHIPPI	ED DETAI	LS S	ECTION ABO	VE		
REASC	ON FOR RECECTION											
			PRO	DUCT RECE	IPT CONFIRMATION							
I confirm	m that the contents of this	shipment match in we										
	to take custody of all item	•	•									
The pro		rejected for delivery a	and remain in the custo	ody of the dist	ributor for return to the shipper a	s indicate	ed in this fo	orm a	and all attached	d produc	t detail	
NAME	OE DEDSON DECENTAGE	2 AND/OP				DLI	ONE					
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT							IMBER					
SIGNATURE OF PERSON RECEIVING AND/OR				DATE SIGN				D				

REJECTING PRODUCT