## SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7856		ACTUAL DATE AND TIME OF DEPART	ACTUAL DATE AND TIME OF DEPARTURE 11/19/2019 04:23 PM				
ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRI		1 101			
SHIF	PPER INFORMATION	RE	RECEIVER INFORMATION				
STATE LICENSE # C11-0000224-LIC		STATE LICENSE #	C10-00005	C10-0000504-LIC			
TYPE OF LICENSE	License	STATE LICENSE2#					
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer Lic	Retailer License			
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	Remedy In	Remedy Inc			
CITY, STATE, ZIP CODE Santa Cruz, CA		BUSINESS ADDRESS		68945 VISTA CHINO ST			
950602126		CITY, STATE, ZIP CODE	Cathedral (	Cathedral City, CA 92234			
PHONE NUMBER	(831) 600-7710	) 600-7710 PHONE NUMBER (206) 450-6544					
CONTACT NAME	Miguel Felix	CONTACT NAME					
		DISTRIBUTOR INFORMATION					
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	lan John S	lan John Sternberger			
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC #	B9920672				
BUSINESS ADDRESS	195 Harvey West Blvd	VEHICLE MAKE	Ford	Ford			
TY, STATE, ZIP CODE Santa Cruz, CA 950602126		VEHICLE MODEL	Transit	Transit			
PHONE NUMBER	(831) 600-7710	VEHICLE LIC. PLATE #	54269L2	54269L2			
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME	OF				
		ARRIVAL					
	RECEIVE	PRODUCT SHIPPED DETAILS R COMPLETES ONLY THE SHADED COLUMNS BI	ELOW				
UID ITEM NAME			QTY QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
[FL00634] Kanebes Indica Flower Hollyweed 3.5g.			64 \$12.	00 \$768.00			
Kanebes Shelf Support			1 -\$12.	-\$12.00			
		PROBLICT DE JECTION					
IF PRODU	CTS ARE REJECTED PLEASE CIRC	PRODUCT REJECTION  CLE THE ITEMS BEING REJECTED IN THE PRODU	JCT SHIPPED DETAIL	S SECTION ABO	VE		
REASON FOR RECECTION							
		PRODUCT RECEIPT CONFIRMATION					
I confirm that the contents of the	his shipment match in weight and cou	unt as indicated above.					
	ems as inicated received above - and re rejected for delivery and remain in	d which are not circled. the custody of the distributor for return to the shipper	r as indicated in this for	m and all attache	d produc	t detail	
NAME OF PERSON RECEIVE REJECTIONG PRODUCT	NG AND/OR		PHONE NUMBER				
SIGNATURE OF PERSON RE	ECEIVING AND/OR		DATE SIGNED	)			