SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6452		ACTUAL DATE AND TIME OF DEPARTURE 08/27/2019 11:43 AM					
ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRIVA					
SHIP	PER INFORMATION	REC	RECEIVER INFORMATION				
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	C10-18-0000)275-TEMP			
TYPE OF LICENSE	License	STATE LICENSE2#					
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer Lice	nse			
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	Unified Patie	Unified Patient Alliance			
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		BUSINESS ADDRESS	8416 Lankershim Blvd Sun Valley, CA 91352				
		CITY, STATE, ZIP CODE					
HONE NUMBER (831) 600-7710		PHONE NUMBER	(818) 504-82	(818) 504-8255			
CONTACT NAME	Miguel Felix	CONTACT NAME					
		DISTRIBUTOR INFORMATION					
STATE LICENSE #	C11-0000224-LIC	000224-LIC DRIVER'S NAME Angel Rodriguez					
JSINESS NAME Oz Distribution, Inc.		CA DRVR LIC #	B9147506	B9147506			
BUSINESS ADDRESS	195 Harvey West Blvd	VEHICLE MAKE	Ford	Ford			
CITY, 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	=				
	DECEIVE	PRODUCT SHIPPED DETAILS COMPLETES ONLY THE SHADED COLUMNS BEL	OW				
	RECEIVER	COMPLETES ONLY THE SHADED COLUMNS BELL	Ovv				
					UNIT	TOTAL	
			QTY QTY UNIT		RETAIL	RETAIL	
UID ITEM NAME			ORD REC'IDOST	TOTAL COST	VALUE	VALUE	
[CO00164] Heavenly Sweet Edible Cannabutter 1000mg THC 4oz			3 \$22.0				
[CO00165] Heavenly Sweet Edible	3 \$33.0	0 \$99.00)				
		PRODUCT REJECTION					
IF PRODUC	TS ARE REJECTED PLEASE CIRC	LE THE ITEMS BEING REJECTED IN THE PRODUC	T SHIPPED DETAILS	SECTION ABO	VE		
REASON FOR RECECTION							
		PRODUCT RECEIPT CONFIRMATION					
	s shipment match in weight and cou						
	ms as inicated received above - and						
	e rejected for delivery and remain in	he custody of the distributor for return to the shipper a	is indicated in this form	n and all attache	ed produc	t detail	
sheet(s).							
NAME OF PERSON RECEIVIN	IC AND/OR		PHONE				
REJECTIONG PRODUCT							
	G AND/OR		NUMBER				
SIGNATURE OF PERSON REC			NUMBER DATE SIGNED				