## SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7	181	ACTUAL DATE AND TIME OF DEPARTUR	F 11/13/2019 08:14	Δ Ν Λ		
ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRIVA		-AIVI		
SHI	PPER INFORMATION	REC	RECEIVER INFORMATION			
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	C10-000012	C10-0000127-LIC		
TYPE OF LICENSE	License	STATE LICENSE2#	M10-18-000	M10-18-0000150-TEMP		
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer Lice	Retailer License		
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	Barbary Coa	Barbary Coast		
		BUSINESS ADDRESS	952 Mission Street			
	950602126 CITY, STATE, ZIP CODE San Francisco, CA 941		co, CA 94103			
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	+1 415-243-	+1 415-243-4400		
CONTACT NAME	Miguel Felix	CONTACT NAME				
		DISTRIBUTOR INFORMATION				
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	Ian John Ste	lan John Sternberger		
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC #	B9920672			
BUSINESS ADDRESS	195 Harvey West Blvd	VEHICLE MAKE	Ford	Ford		
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126	VEHICLE MODEL	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 BELO	OW			
UID ITEM NAME			QTY QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE
[FL00328] Royal Tree Indoor Flower Indica Medcare Kush 3.5g			64 \$21.5	0 \$1,376.00	)	
[FL00588] Royal Tree Indoor F	64 \$23.0	0 \$1,472.00	)			
		PRODUCT REJECTION				
IF PRODU	JCTS ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEING REJECTED IN THE PRODUC	T SHIPPED DETAILS	SECTION ABO	VE	
REASON FOR RECECTION						
Land Constitution of the constant of	ditta alita anno de contalita anno de la contalita anno de contali	PRODUCT RECEIPT CONFIRMATION				
	this shipment match in weight and cou					
	items as inicated received above - and are rejected for delivery and remain in	a which are not circled.  the custody of the distributor for return to the shipper as	s indicated in this forr	n and all attache	ed produc	t detail
NAME OF PERSON RECEIV	'ING AND/OR		PHONE NUMBER			
SIGNATURE OF PERSON R REJECTING PRODUCT	ECEIVING AND/OR		DATE SIGNED			