SALES INVOICE / SHIPPING MANIFEST

		SA	LES INVO	JICE / S	SHIPPING MANI	IFES	1				
INVOICE/MANIFEST # SO7309				ACTUAL DATE AND TIME OF DEPARTURE 10/15/2019 07:48 PM ESTIMATED DATE AND TIME OF ARRIVAL							
ATTACHED PAGES No											
	SHIF	PPER INFORM	IATION		REC	EIVE	ER IN	FOF	RMATION	٧	
STATE LICENSE # C11-0000224-LIC			С		STATE LICENSE #		C10-0000401-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		Super Clinik					
CITY, STA	ATE, ZIP CODE	Santa Cruz, CA	CA		BUSINESS ADDRESS	RCH S					
950602126					CITY, STATE, ZIP CODE		Santa Ana, CA 92707				
PHONE NUMBER (831) 600-7710					PHONE NUMBER		(714) 557-2050				
CONTACT NAME Miguel Felix					CONTACT NAME						
				DISTRIBUTO	R INFORMATION						
STATE LI	CENSE #	C11-0000224-LI	C11-0000224-LIC		DRIVER'S NAME		Brandon Sumandal				
BUSINESS NAME		Oz Distribution, I	Oz Distribution, Inc.		CA DRVR LIC #		D1309712				
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						
			RECEIVER COM		HIPPED DETAILS THE SHADED COLUMNS BEL	OW					
UID	ITEM NAME						QTY UN		TOTAL COST		TOTAL RETAIL VALUE
[FL00534]	534] Kanebes Sativa Flower Lemon Meringue 3.5g					4 \$	12.00	\$768.00			
[FL00538]	L00538] Kanebes Indica Flower Wedding Cake 3.5g					64	4 \$	12.00	\$768.00		
FL00221] Kanebes Indica Flower Chocolate Hashberry 3.5g		3.5g			() \$	12.00	\$0.00			
[FL00536] S -Kanebes Sativa Flower Lemon Meringue 3.5g			3.5g				1	\$0.01	\$0.01		
[FL00539] S -Kanebes Indica Flower Wedding Cake 3.5g			•			(\$0.01	\$0.00		
[FL00431]	S -Kanebes Indica Flo	ower Chocolate Hashbe	rry 3.5g			(0	\$0.01	\$0.00		
				PRODUC [*]	T REJECTION						
	IF PRODUC	CTS ARE REJECTED P	LEASE CIRCLE TH	E ITEMS BEIN	G REJECTED IN THE PRODUC	T SHIPF	PED DET	AILS S	SECTION ABO	VE	
REASO	N FOR RECECTION										
					IPT CONFIRMATION						
		nis shipment match in we	-								
_	ducts circled abbove a	ems as inicated received re rejected for delivery a			tributor for return to the shipper a	s indicat	ted in this	form	and all attache	d produc	t detail
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT				PHONE							
							UMBER ATE SIGI	VED			
SIGNATURE OF PERSON RECEIVING AND/OR						U	0101	・レレ			

REJECTING PRODUCT