## SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFE	ST# SO6693		ACTUAL I	ACTUAL DATE AND TIME OF DEPARTURE 09/04/2019 03:49 PM					
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL					
	SHIPF	PER INFORMATION		RECEIVER INFORMATION					
STATE LICENSE #		C11-0000224-LIC		STATE LICENSE #		C10-0000380-LIC			
TYPE OF LICENS	SE .	License		STATE LICENSE2#					
USINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer License				
BUSINESS ADDR	USINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		Mount Shasta	a Patient Collec	tive	
CITY, STATE, ZIP CODE		Santa Cruz, CA		BUSINESS ADDRESS		408 S Mt. Sh	asta Blvd		
		950602126		CITY, STATE, ZIP CODE		Mt. Shasta, CA 96067			
PHONE NUMBER (831) 600-7710		(831) 600-7710		PHONE NUMBER		(530) 926-6337			
CONTACT NAME Miguel Felix				CONTACT NAME					
			DISTRIBUTO	OR INFORMATION					
STATE LICENSE #		C11-0000224-LIC		DRIVER'S NAME		Bradley Martinez			
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #		B9489158			
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					
			PRODUCT S	HIPPED DETAILS					
		RECEIVE	R COMPLETES ONL'	Y THE SHADED COLUMNS BEL	OW				
								UNIT	TOTAL
					QTY	QTY UNIT		RETAIL	RETAIL
JID ITEM N	ID ITEM NAME				ORD	REC'DOST	TOTAL COST	VALUE	VALUE
Summit Boys Live Resin Caviar Crumble Sundae Driver 1g			g		4	\$25.00	\$100.00		
Summi	t Boys Caviar Su	gar Cali Girl 1g			4	\$25.00	\$100.00		
			PRODUC	T REJECTION					
	IF PRODUCT	S ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEIN	IG REJECTED IN THE PRODUC	T SHIPF	PED DETAILS	SECTION ABO	VE	
REASON FOR F	RECECTION								
			PRODUCT RECE	EIPT CONFIRMATION					
		shipment match in weight and cou							
_	-	ns as inicated received above - and							
·	cled abbove are	rejected for delivery and remain in	the custody of the dis	stributor for return to the shipper a	s indicat	ted in this form	and all attache	d produc	t detail
sheet(s).									
NAME OF PERSON RECEIVING AND/OR					PH	HONE			
REJECTIONG PRODUCT					NI	UMBER			
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					D/	ATE SIGNED			
KEJECTING PR	CODUCT								