SALES INVOICE / SHIPPING MANIFEST

		571	LLS IIII	, ICL	/ SHIPPING MANI		· 1				
INVOICE/MANIFEST # SO4955				ACTUAL DATE AND TIME OF DEPARTURE 05/16/2019 11:53 AM							
ATTACHE	D PAGES No			ESTI	MATED DATE AND TIME OF ARRIVA	L					
SHIPPER INFORMATION					RECEIVER INFORMATION						
STATE LICENSE # A11-18-0000248-TEM			TEMP		STATE LICENSE #		A10-18-0000151-TEMP				
TYPE OF LICENSE Adult-Use Distribution Tempo				ence	STATE LICENSE2 #						
BUSINESS NAME Oz Distribution, Inc.			• •		TYPE OF LICENSE		Retailer Licens	se			
BUSINESS ADDRESS 195 Harvey West Blvd					BUSINESS NAME	Captain Jacks SB License 01 LLC					
CITY, STATE, ZIP CODE Santa Cruz, CA					BUSINESS ADDRESS		100 HOSPITALITY LN W San Bernardino, CA 92408				
950602126					CITY, STATE, ZIP CODE						
PHONE NUMBER (831) 600-7710					PHONE NUMBER		(909) 381-6400				
CONTACT NAME Miguel Felix					CONTACT NAME						
				DISTRIE	BUTOR INFORMATION						
				2.0							
STATE LICENSE # A11-18-0000248-TEMP		TEMP		DRIVER'S NAME		Rodel Jardeleza					
			Oz Distribution, Inc.		CA DRVR LIC #		B82636677				
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						
					CT SHIPPED DETAILS ONLY THE SHADED COLUMNS BELC	OW					
							QTY UNIT			TOTAL RETAIL	
UID	ITEM NAME							TOTAL COST		VALUE	
	L00192] Zoma Indica Flower Mendo Breath 3.5g					96		\$912.00			
	[L00193] Zoma Hybrid Flower Cookies and Cream 3.5g [L00129] Buddy Buddy Indica Flower Purple Punch 3.5g					96	,	\$912.00 \$1,920.00			
S - Zoma Hybrid Flower Cookies and Cream 3.5g						90	\$0.00	\$0.01			
S - Zoma Indica Flower Mendo Breath 3.5g			y			1		\$0.01			
S - Buddy Buddy Indica Flower Purple Punch 3.5g			3.5g			1	\$0.01	\$0.01			
	IE DDODU	OTO ADE DE JECTED DI	EASE CIDCLE THE		DUCT REJECTION	r cuide		PECTION ARO	\/ _		
	IF PRODU	SIS ARE REJECTED FL	LEASE CIRCLE THE	IIEWIS	BEING REJECTED IN THE PRODUCT	SHIFF	ED DETAILS	SECTION ABO	VE		
REASO	N FOR RECECTION										
					DECEMPT CONFIDENCES						
Lassfins		-::			RECEIPT CONFIRMATION						
		nis shipment match in we ems as inicated received	-								
	ducts circled abbove a				ncied. ne distributor for return to the shipper as	s indicat	ed in this form	and all attache	d produc	detail	
NAME OF PERSON RECEIVING AND/OR							HONE				
REJECTIONG PRODUCT							JMBER				
SIGNATURE OF PERSON RECEIVING AND/OR						D/	ATE SIGNED				

REJECTING PRODUCT