## SALES INVOICE / SHIPPING MANIFEST

INIVOLOF/MANUFECT // 0077	200	ACTUAL DATE AND TIME OF DEDARTURE	44/40/0040 44 40 414	
INVOICE/MANIFEST # SO7786 ATTACHED PAGES No		ACTUAL DATE AND TIME OF DEPARTURE 11/16/2019 11:46 AM ESTIMATED DATE AND TIME OF ARRIVAL		
ATTACHED PAGES NO		ESTIMATED DATE AND TIME OF ARRIVAL		
SHIPPER INFORMATION		RECE	RECEIVER INFORMATION	
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	C10-0000386-LIC	
TYPE OF LICENSE	License	STATE LICENSE2 #	0.10 0000000 2.10	
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer License	
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	The Green Earth Farmacie	
CITY, STATE, ZIP CODE	Santa Cruz, CA	BUSINESS ADDRESS	7760 Burnet Ave	
	950602126	CITY, STATE, ZIP CODE	Van Nuys, CA 91405	
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	+1 818-994-1045	
CONTACT NAME	Miguel Felix	CONTACT NAME		
		DISTRIBUTOR INFORMATION		
OTATE     OFA	044 0000004440	DDIVEDIO MANE		
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	Angel Rodriguez	
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC #	B9147506	
BUSINESS ADDRESS	195 Harvey West Blvd	VEHICLE MAKE	Ford	
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126	VEHICLE LIC PLATE #	Transit	
PHONE NUMBER	(831) 600-7710	VEHICLE LIC. PLATE #	54269L2	
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF ARRIVAL		
		ANNVAL		
		PRODUCT SHIPPED DETAILS		
	RECEIVE	R COMPLETES ONLY THE SHADED COLUMNS BELOW	I	
			UNIT TOTAL	
LUD ITEMANAME			QTY QTY UNIT RETAIL RETAIL	
UID ITEM NAME [CT00154] The Oz Indica Cold Water Hash Dosido 1g			ORD REC'IDOST TOTAL COST VALUE VALUE	
[C100154] The Oz Indica Cold v	vater Hash Dosido 1g		96 \$8.00 \$768.00	
		PRODUCT REJECTION		
IF PRODU	CTS ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEING REJECTED IN THE PRODUCT S	SHIPPED DETAILS SECTION ABOVE	
ii i kobo	OTOTICE RESERVED FEEROL SINC	ALL THE THEMS BEING NESSONES IN THE TROUBSONE	WILL ES SELVILLO SECTION VISOVE	
REASON FOR RECECTION				
REAGOITT OR REGEOTION				
		PRODUCT RECEIPT CONFIRMATION		
I confirm that the contents of the	his shipment match in weight and cou			
	ems as inicated received above - and			
		the custody of the distributor for return to the shipper as in	ndicated in this form and all attached product detail	
NAME OF PERSON RECEIVI	NG AND/OR		PHONE	
REJECTIONG PRODUCT			NUMBER	
SIGNATURE OF PERSON RE	ECEIVING AND/OR		DATE SIGNED	