SALES INVOICE / SHIPPING MANIFEST

		571	LLD II VOI	CL / D							
INVOICE/MANIFEST # SO7662			ACTUAL DATE AND TIME OF DEPARTURE 11/08/2019 04:27 PM								
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION						
STATE LI	CENSE #	C11-0000224-LIC)		STATE LICENSE #		C12-0000009	-LIC			
TYPE OF	YPE OF LICENSE License			STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Inc.		nc.	TYPE OF LICENS			Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd			Blvd	BUSINESS NAME			Holistic Alternative Inc				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		Santa Cruz, CA			BUSINESS ADDRESS		18306 Eddy St				
				CITY, STATE, ZIP CODE		Northridge, CA 91325					
PHONE NUMBER (831) 600-7710				PHONE NUMBER		0					
CONTACT NAME Miguel Felix					CONTACT NAME						
			D	ISTRIBUTOF	R INFORMATION						
QTATE I I	CENSE #	C11-0000224-LIC	,		DRIVER'S NAME		Angol Podrigo	107			
STATE LICENSE # BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		Angel Rodriguez B9147506				
BUSINESS ADDRESS		195 Harvey West Blvd			VEHICLE MAKE						
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126			VEHICLE MODEL		Transit				
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE #		54269L2				
CONTAC		Miguel Felix			ACTUAL DATE AND TIME OF	:					
					ARRIVAL						
			PI	RODUCT SH	IIPPED DETAILS						
			RECEIVER COMPL	ETES ONLY	THE SHADED COLUMNS BEL	OW					
									UNIT	TOTAL	
						QTY	QTY UNIT		RETAIL	RETAIL	
UID	ITEM NAME					ORD	REC'IDOST	TOTAL COST	VALUE	VALUE	
[CT00215] Summit Boys Caviar Crumble Pac USA 1g						36	\$16.00	\$576.00			
[CT00229] Summit Boys Caviar Crumble Forbidden Sunset 1g					36	\$16.00	\$576.00				
CT00230] Summit Boys Caviar Crumble Pacific Sunset 1g						36	\$17.50	\$630.00			
				PRODUCT	REJECTION						
	IF PRODUC	CTS ARE REJECTED PI	LEASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	T SHIPP	ED DETAILS	SECTION ABO	VE		
REASC	N FOR RECECTION										
			22.05	NIOT DECE	DT CONFIDMATION						
Loonfire	n that the contents of th	is shipment match in we			PT CONFIRMATION						
I agree	to take custody of all ite	ems as inicated received	above - and which are	e not circled.	ributor for return to the shipper a	s indicate	ed in this form	and all attache	d product	t detail	
511561(5	,-										
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER						
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						DA	TE SIGNED				