SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO66	70	ACTUAL DATE AND TIME OF DEPARTURE	09/03/2019 02:53 PI	M			
ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRIVAL	09/03/2019 02:3311	VI			
SHIF	PPER INFORMATION	RECE	RECEIVER INFORMATION				
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	C10-0000381-LIC				
TYPE OF LICENSE	License	STATE LICENSE2 #					
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer License				
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	Unified Patient Alliance				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		BUSINESS ADDRESS	8416 Lankershim Blvd Sun Valley, CA 91352				
		CITY, STATE, ZIP CODE					
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	·				
CONTACT NAME	Miguel Felix	CONTACT NAME					
		DISTRIBUTOR INFORMATION					
		DISTRIBUTOR IN CRIMATION					
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 MODEL	Transit				
PHONE NUMBER	(831) 600-7710	VEHICLE LIC. PLATE #	54269L2				
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF					
		ARRIVAL					
		PRODUCT SHIPPED DETAILS					
	RECEIVE	R COMPLETES ONLY THE SHADED COLUMNS BELOV	W				
					UNIT	TOTAL	
			QTY QTY UNIT		RETAIL	RETAIL	
UID ITEM NAME				TOTAL COST	VALUE	VALUE	
[CO00164] Heavenly Sweet Edible Cannabutter 1000mg THC 4oz			2 \$22.00				
[CO00165] Heavenly Sweet Edible Cannabutter 2000mg THC 4 oz			2 \$33.00	\$66.00			
IE DDODII	OTO ADE DE JEOTED DI EAGE OID	PRODUCT REJECTION	OLUBBED DETAIL O	DEOTION ADO	\ /F		
IF PRODU	CTS ARE REJECTED PLEASE CIRC	LE THE ITEMS BEING REJECTED IN THE PRODUCT	SHIPPED DETAILS	SECTION ABO	VE		
REASON FOR RECECTION							
REASON FOR RECECTION							
		PRODUCT RECEIPT CONFIRMATION					
I confirm that the contents of the	his shipment match in weight and cou	nt as indicated above.					
I agree to take custody of all it	ems as inicated received above - and	which are not circled.					
The products circled abbove a sheet(s).	re rejected for delivery and remain in	the custody of the distributor for return to the shipper as i	indicated in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVE	NG AND/OR		PHONE				
REJECTIONG PRODUCT			NUMBER				
SIGNATURE OF PERSON RE	ECEIVING AND/OR		DATE SIGNED				
REJECTING PRODUCT							