SALES INVOICE / SHIPPING MANIFEST

INIVOICE	E/MANIFEST # SO694	1	ACTUAL DATE AND TIME OF DE	PARTI IRE 09/24/201	10 03:00 P	M			
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL					
	SHIPI	PER INFORMATION		RECEIVER INFORMATION					
STATE LICENSE # C11-0000224-LIC		STATE LICENSE #	STATE LICENSE # C10-0000120-LIC						
TYPE OF LICENSE License		STATE LICENSE2 #		C10-0000120-LIC					
BUSINESS NAME Oz Distribution, Inc.		TYPE OF LICENSE	Re	Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd		BUSINESS NAME	Str	Strains Loud n Clear					
CITY, STATE, ZIP CODE Santa Cruz, CA		BUSINESS ADDRES	S 12	12011 Air Expy					
950602126		CITY, STATE, ZIP CO	DDE Ad	Adelanto, CA 92301					
PHONE NUMBER (831) 600-7710		PHONE NUMBER	(76	(760) 780-8306					
CONTACT NAME Miguel Felix			CONTACT NAME						
			DISTRIBUTOR INFORMATION						
STATE LICENSE # C11-0000224-LIC		DRIVER'S NAME	Bra	Brandon Sumandal					
BUSINESS NAME		Oz Distribution, Inc.	CA DRVR LIC #		D1309712				
BUSINESS ADDRESS		195 Harvey West Blvd	VEHICLE MAKE	Fo	Ford				
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126	VEHICLE MODEL	Tra	Transit				
PHONE NUMBER		(831) 600-7710	VEHICLE LIC. PLATE	54:	54269L2				
CONTACT NAME Miguel Felix				ACTUAL DATE AND TIME OF					
			ARRIVAL						
			DDODUOT QUIDDED DETAIL Q						
		RECEIVE	PRODUCT SHIPPED DETAILS COMPLETES ONLY THE SHADED COLUM	INS RELOW					
		KEGLIVE	CONFECTES ONET THE STIADED COLON	INS BELOW					
							UNIT	TOTAL	
				QTY QT	Y UNIT		RETAIL	RETAIL	
JID	ITEM NAME			ORD RE		TOTAL COST		VALUE	
	Summit Boys Crumble			30	\$12.50				
	S -Summit Boys Crumb	ole Mango Brulee 1g		1	\$0.01	\$0.01			
			DDODLICT DE JECTION						
	IF PRODUC	TS ARE REJECTED PLEASE CIRC	PRODUCT REJECTION LE THE ITEMS BEING REJECTED IN THE F	PRODUCT SHIPPED	DETAILS	SECTION ABO	VF		
	II TROBOO	TO THE REGEOTED TELTIOL OFFICE		1.05001 01111 1 25	DE ITALO	020110117120	V _		
REASO	ON FOR RECECTION								
			PRODUCT RECEIPT CONFIRMATION						
Lconfir	m that the contents of this	s shipment match in weight and cou							
		ns as inicated received above - and							
-	oducts circled abbove are		the custody of the distributor for return to the	shipper as indicated i	n this form	and all attache	d produc	t detail	
NAME	OF PERSON RECEIVING	G AND/OR		PHON	ΙΕ				
REJECTIONG PRODUCT				NUME	3ER				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT				DATE	SIGNED				