SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6820			ACTUAL DATE AND TIME OF DEPARTURE 09/12/2019 02:50 PM										
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION								
STATE LICENSE # C11-0000224-LIC			>	STATE LICENSE #			C10-0000133-LIC						
TYPE OF LICENSE		License	License		STATE LICENSE2 #								
BUSINESS NAME Oz I		Oz Distribution, I	, Inc.		TYPE OF LICENSE	TYPE OF LICENSE			Retailer License				
BUSINESS ADDRESS 195 Harvey		195 Harvey West	st Blvd		BUSINESS NAME	Purple Star MD							
CITY, STA	ATE, ZIP CODE	Santa Cruz, CA	CA		BUSINESS ADDRESS			2520 Mission St					
		950602126			CITY, STATE, ZIP CODE		San Francisco, CA 94110						
PHONE NUMBER		(831) 600-7710			PHONE NUMBER			(415) 550-1515					
CONTACT	Г NAME	Miguel Felix			CONTACT NAME								
				DISTRIBUTO	R INFORMATION								
STATE LIG	CENSE #	C11-0000224-LI0	LIC		DRIVER'S NAME			Brandon Sumandal					
BUSINESS NAME		Oz Distribution, I	Oz Distribution, Inc.		CA DRVR LIC #		D1309712						
BUSINESS ADDRESS		195 Harvey Wes	195 Harvey West Blvd		VEHICLE MAKE			Ford					
CITY, STATE, ZIP CODE		Santa Cruz, CA 9	Santa Cruz, CA 950602126		VEHICLE MODEL			Transit					
PHONE NUMBER		(831) 600-7710	600-7710		VEHICLE LIC. PLATE #			54269L2					
CONTACT NAME		Miguel Felix	Miguel Felix		ACTUAL DATE AND TIME OF								
					ARRIVAL								
[CO00165] [ED0015]	ITEM NAME Summit Boys Caviar Crumble Banjo Glue 1g Summit Boys Caviar Crumble Sherbert 1g Summit Boys Caviar Crumble OG Kush 1g 5] Heavenly Sweet Edible Cannabutter 2000mg THC 4 oz Dollar Dose - lozenge - Indica Apple - 5mg Dollar Dose - lozenge - Indica Rootbeer - 5mg						QTY REC')		\$600.00 \$600.00 \$495.00 \$100.00	VALUE	TOTAL RETAIL VALUE		
[ED00432] Dollar Dose - lozenge - Sativa Hibiscus - 5mg								\$0.50	·				
[ED00433] Dollar Dose - lozenge - Sativa Watermelon - 5mg								\$0.50					
				DDODUC	DE IECTION								
	IF PRO	DUCTS ARE REJECTED P	EASE CIRCLE TH		REJECTION REJECTED IN THE PRODI	JCT SHIPE	PED D	ETAILS S	SECTION ABO	VE			
REASOI	N FOR RECECTION	ON											
			PR	RODUCT RECE	IPT CONFIRMATION								
		of this shipment match in we	•										
	ducts circled abbo	all items as inicated received ve are rejected for delivery a			ributor for return to the shippe	r as indica	ted in t	this form	and all attache	d product	t detail		
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER								
	URE OF PERSON	N RECEIVING AND/OR				D	ATE S	IGNED					