		SA	LES INVO	ICE / S	HIPPING MANI	FES	ST				
INVOICE/MANIFEST # SO6295				ACTUAL DATE AND TIME OF DEPARTURE 08/13/2019 02:53 PM							
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL								
	SHIPPE	ER INFORM	ATION		REC	EIVI	ER INFOI	RMATION	1		
STATE LICENSE # C11-0000224-LIC				STATE LICENSE #			M10-18-0000416-TEMP				
TYPE OF LICENSE License			STATE LICENSE2#		STATE LICENSE2#						
BUSINESS NAME Oz Distribution, Inc.			nc.	c. TYPE OF LICENSE			Retailer Licen	se			
BUSINESS ADDRESS 195 Harvey West B					BUSINESS NAME		The Coughy Shop				
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS			64949 Mission Lakes Blvd					
950602126					CITY, STATE, ZIP CODE		Desert Hot Springs, CA 92240				
PHONE NUMBER (831) 600-7710 CONTACT NAME Miguel Felix				PHONE NUMBER CONTACT NAME			(760) 671-6466				
CONTA	ACT NAME	wilguei Felix			CONTACT NAIVIE						
			D	DISTRIBUTOF	RINFORMATION						
STATE	LICENSE #	C11-0000224-LI0	`		DRIVER'S NAME		Brandon Sum	andal			
		Oz Distribution, I			CA DRVR LIC #		D1309712				
		195 Harvey West			VEHICLE MAKE		Ford				
		Santa Cruz, CA 9			VEHICLE MODEL		Transit				
PHONE NUMBER (83		(831) 600-7710			VEHICLE LIC. PLATE #		54269L2				
CONTA	ACT NAME	Miguel Felix			ACTUAL DATE AND TIME OF ARRIVAL						
					IIPPED DETAILS THE SHADED COLUMNS BELO	OW					
						QTY	QTY UNIT		UNIT RETAIL	TOTAL RETAIL	
UID	ITEM NAME					ORE	REC'IDOST	TOTAL COST	VALUE	VALUE	
S - Heavenly Sweet Edible Singles Dark Choco		plate Orange 10mg THC				5 \$0.01	\$0.05				
S - Heavenly Sweet Edible Singles Milk Chocolate Mint 10mg			-	-			5 \$0.01	\$0.05			
S - Heavenly Sweet Edible Singles White Chocolate Raspberry							5 \$0.01	\$0.05			
S - Heavenly Sweet Edible Singles Butterscotch Blondie 10mg TI P- Kanebes Fire OG Preroll .8g			ch Bionale 10mg 1HC	10			5 \$0.01 5 \$0.01	\$0.05 \$0.15			
P- Kanebes Skywalker Preroll .8g					1:						
				BBODLICT	REJECTION						
	IF PRODUCTS	ARE REJECTED P	LEASE CIRCLE THE I		REJECTION REJECTED IN THE PRODUCT	Γ SHIPI	PED DETAILS	SECTION ABO	VE		
RFAS	SON FOR RECECTION										
					PT CONFIRMATION						
I agre		as inicated received	above - and which are	re not circled.	ributor for return to the shipper as	s indica	ted in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT				PHONE NUMBER							

DATE SIGNED

SIGNATURE OF PERSON RECEIVING AND/OR

REJECTING PRODUCT