## SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7930			ACTUAL DATE AND TIME OF DEPARTURE 11/22/2019 04:11 PM						
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL						
SHIPPER INFORMATION			RECEIVER INFORMATION						
STATE LICENSE #	C11-0000224-LIC		STATE LICENSE #		C10-0000525	5-LIC			
YPE OF LICENSE	License		STATE LICENSE2#		C10-0000525	5-LIC			
BUSINESS NAME	Oz Distribution, Inc.		TYPE OF LICENSE		Retailer Licer	nse			
BUSINESS ADDRESS	195 Harvey West Blvd		BUSINESS NAME		Connected 405				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 PHONE NUMBER (831) 600-7710		BUSINESS ADDRESS		3170 Cherry Ave.					
			CITY, STATE, ZIP CODE		Long Beach , CA 90807				
		PHONE NUMBER		(562) 426-2420					
CONTACT NAME Miguel Felix			CONTACT NAME						
		DIS	STRIBUTOR INFORMATION						
STATE LICENSE #	C11-0000224-LIC		DRIVER'S NAME		Angel Rodrig	uez			
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 #	VEHICLE LIC. PLATE #					
ONTACT NAME Miguel Felix			ACTUAL DATE AND TIME O ARRIVAL	F					
	RECEIVER		RODUCT SHIPPED DETAILS ETES ONLY THE SHADED COLUMNS BEI	_OW					
							UNIT	TOTAL	
				QTY	QTY UNIT			RETAIL	
JID ITEM NAME				ORD	REC'DOST	TOTAL COST	VALUE	VALUE	
[ED00128] S - Cosmo D's Edible Chocolate Bar Cosmic Berry Crunch 100mg					\$0.01	\$0.05			
[ED00129] S - Cosmo D's Edible Chocolate Bar Extra Toasted Coconut 100mg					\$0.01	\$0.03			
[ED00127] S - Cosmo D's Edible Chocolate Bar Hazy Hazelnut 100mg					\$0.01	\$0.05			
[ED00126] S - Cosmo D's Edible Chocolate Bar Vegan Crumble 100mg					\$0.01	\$0.03			
[ED00170] S -Cosmo D's Edible Rice Crispy Treat Snickerdoodle 100mg					\$0.01	\$0.04			
			PRODUCT REJECTION						
IF PRODU	CTS ARE REJECTED PLEASE CIRC	LE THE IT	EMS BEING REJECTED IN THE PRODUC	CT SHIPE	PED DETAILS	SECTION ABO	VE		
REASON FOR RECECTION									
		PRODI	UCT RECEIPT CONFIRMATION						
I confirm that the contents of t	his shipment match in weight and cou								
	tems as inicated received above - and								
,			y of the distributor for return to the shipper	as indicat	ed in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR				PI	HONE				
REJECTIONG PRODUCT					JMBER				
SIGNATURE OF PERSON R	ECEIVING AND/OR				ATE SIGNED				
DE JECTING DRODUCT									

REJECTING PRODUCT