SALES INVOICE / SHIPPING MANIFEST

		SALE	25 IN V O.	ICE / SHIP	PING MANI	FES I						
INVOICE/MANIFEST # SO6735 ATTACHED PAGES No				ACTUAL DATE AND TIME OF DEPARTURE 09/06/2019 11:38 AM ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC				STATE LICENSE #		C10	C10-0000036-LIC					
TYPE OF LICENSE Lic		License	se		STATE LICENSE2 #							
BUSINESS NAME Oz Distribution, Inc.				TYPE	Ret	Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd				BUSIN	BUSINESS NAME			Sundial Collective JLJB LLC				
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSIN	BUSINESS ADDRESS		0					
		950602126			CITY, STATE, ZIP CODE		Shasta Lake City, CA 96019					
PHONE NUMBER (831) 600-7710					PHONE NUMBER			0				
CONTACT NAME Miguel Felix				CONT	CONTACT NAME							
			D	DISTRIBUTOR INFOR	RMATION							
QTATE I I	ICENSE #	C11-0000224-LIC		DDIV	EDIS NAME	۸۵۵	al Podrigue	0.7				
BUSINES		Oz Distribution, Inc.			DRIVER'S NAME CA DRVR LIC #		Angel Rodriguez B9147506					
BUSINESS ADDRESS		195 Harvey West Blvd			VEHICLE MAKE		Ford					
CITY, STATE, ZIP CODE		-	ta 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							
ED00100 [ED00432 [ED00433		Sativa Watermelon - 5mg Indica Rootbeer - 5mg Sauce 1g gar Cali Girl 1g Imble OG Kush 1g Imble Sherbert 1g Caviar Crumble 1g	•			QTY QTY ORD REC 25 25 50 50 10 10 10 10 10 10 10 10		\$168.75 \$168.75 \$168.75 \$25.00 \$25.00 \$125.00 \$250.00 \$175.00 \$175.00	VALUE	TOTAL RETAIL VALUE		
	IF PRODUCT	S ARE REJECTED PLEAS	E CIRCI E THE I	PRODUCT REJEC		SHIPPED I	DETAILS S	ECTION ABO	VF			
	II TROBUCT	O ARE RESECTED I LEAS	E OINOLL THE	TTEINIO DEINO RESE	OTED IN THE FRODUCT	OTHIT ED I	DE TAILO O	LOTION ABO	V L			
REASO	ON FOR RECECTION											
				DUCT RECEIPT CON	NFIRMATION							
		shipment match in weight a s as inicated received abov										
_	ducts circled abbove are	rejected for delivery and rer			or return to the shipper as	indicated in	this form a	and all attache	d product	detail		
NAME OF PERSON RECEIVING AND/OR						PHONI						
REJECTIONG PRODUCT					NUMBER DATE SIGNED							
SIGNATURE OF PERSON RECEIVING AND/OR						DAIL	OIGINED					

REJECTING PRODUCT