## SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6591			ACTUAL DATE AND TIME	ACTUAL DATE AND TIME OF DEPARTURE 09/04/2019 04:26 PM							
ATTACHED PAGES No			ESTIMATED DATE AND T	TIME OF ARRIVAL							
	SHIPP	ER INFORMATION		RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC		STATE LICEN	STATE LICENSE # C10-00001			I-LIC					
TYPE OF	LICENSE	License	STATE LICEN	NSE2#							
BUSINESS NAME Oz Distribution, Inc.		TYPE OF LIC	ENSE	Retailer License							
BUSINESS ADDRESS 195 Harvey West Blvd		BUSINESS N	AME	Davis Cannabis Collective							
CITY, STATE, ZIP CODE Santa Cruz, CA		BUSINESS A	DDRESS	2	2121 2nd Street Suite C101						
950602126		CITY, STATE	CITY, STATE, ZIP CODE Davis, CA 95618								
PHONE NUMBER (831) 600-7710		PHONE NUM	IBER	R (530) 747-2057							
CONTACT NAME Miguel Felix			CONTACT N	CONTACT NAME							
			DISTRIBUTOR INFORMATIC	N							
STATE LICENSE # C11-0000224-LIC		C11-0000224-LIC	DRIVER'S NA	DRIVER'S NAME			Rodel Jardeleza				
BUSINESS NAME		Oz Distribution, Inc.	CA DRVR LIC			B82636677					
BUSINESS ADDRESS		195 Harvey West Blvd	VEHICLE MA		Ford						
		Santa Cruz, CA 950602126	VEHICLE MC		Transit						
PHONE NUMBER		(831) 600-7710	VEHICLE LIC			4269L2					
CONTAC	Г NAME	Miguel Felix	ACTUAL DAT ARRIVAL	E AND TIME OF							
		RECEIVI	PRODUCT SHIPPED DETAIL COMPLETES ONLY THE SHADED		V						
					QTY Q	TY UNIT		UNIT RETAIL	TOTAL RETAIL		
UID	ITEM NAME				ORD R	EC'DOST	TOTAL COST	VALUE	VALUE		
S - Royal Tree Indoor Flower Sativa Jungle Juice 3.5g					1	\$0.0	\$0.01				
			PRODUCT REJECTION								
	IF PRODUCTS	S ARE REJECTED PLEASE CIR	LE THE ITEMS BEING REJECTED II	N THE PRODUCT S	SHIPPE	D DETAILS	SECTION ABO	VE			
REASO	N FOR RECECTION										
			PRODUCT RECEIPT CONFIRMA	ATION							
I confirm	n that the contents of this s	shipment match in weight and co	nt as indicated above.								
_	ducts circled abbove are re	s as inicated received above - ar ejected for delivery and remain i	which are not circled. the custody of the distributor for return	n to the shipper as ir	ndicated	I in this form	and all attache	d produc	t detail		
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHO	NE MBER					
	URE OF PERSON RECE					E SIGNED					