SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7122				ACTUAL DATE AND TIME OF DEPARTURE 10/17/2019 05:15 PM								
ATTACHE	ED PAGES	No	ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC			2		STATE LICENSE #		C10-0000577-LIC					
TYPE OF LICENSE License				STATE LICENSE2 #								
BUSINESS NAME Oz Distribution, Inc.		nc.		TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd			vd BUSINESS N			Medallion Wellness						
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS		4213 McHenry Ave						
950602126					CITY, STATE, ZIP CODE	Modesto, CA 95356						
PHONE NUMBER (831) 600-7710				PHONE NUMBER			209-248-7472					
CONTACT NAME Miguel Felix					CONTACT NAME							
				DISTRIBUT	OR INFORMATION							
OTATE III	OENICE #	C44 0000224 LIG			DDIVED'S NAME		Angol	Dadria				
		C11-0000224-LIC			DRIVER'S NAME CA DRVR LIC #		Angel Rodriguez B9147506					
BUSINESS ADDRESS		Oz Distribution, Ii 195 Harvey West			VEHICLE MAKE	Ford						
		Santa Cruz, CA 9			VEHICLE MODEL		Transit					
PHONE NUMBER		(831) 600-7710	30002120		VEHICLE LIC. PLATE # 54269							
CONTACT NAME		Miguel Felix			ACTUAL DATE AND TIME (OF	34203	LZ				
DONTAG	INAME	Ivilguel 1 elix			ARRIVAL	Oi						
				PRODUCT	SHIPPED DETAILS							
			RECEIVER COM	IPLETES ON	LY THE SHADED COLUMNS BE	ELOW						
UID	ITEM NAME						QTY U		TOTAL COST		TOTAL RETAIL VALUE	
FL005131	00513] Kanebes Indica Flower Wedding Cake 3.5g SMALLS		MALLS			128		\$8.50				
FL00535] Kanebes Indica Flower Skywalker Smalls 3.5g				128			\$8.50					
	Kanebes Hybrid Flower OC Jack Smalls 3.5g					64 \$8.5			\$544.00			
				PRODU	CT REJECTION							
	IF PR	RODUCTS ARE REJECTED P	EASE CIRCLE TH		ING REJECTED IN THE PRODU	JCT SHIPE	PED DE	TAILS	SECTION ABO	VE		
REASO	N FOR RECECT	TION										
			DE	ODUCT DEC	CEIDT CONFIDMATION							
I confirm	n that the conten	ts of this shipment match in we			re.							
_	ducts circled abb	of all items as inicated received pove are rejected for delivery a			d. istributor for return to the shipper	r as indica	ted in th	is form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER							
SIGNATURE OF PERSON RECEIVING AND/OR							ATE SIC					