SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7139					ACTUAL DATE AND TIME OF DEPARTURE 10/02/2019 04:21 PM								
ATTACHI	ED PAGES	No		ESTIMATED DATE AND TIME OF ARRIVAL									
		SHIPPER INFORI	MATION		REC	CEIVI	ER I	NFOF	RMATION	١			
STATE LICENSE # C11-0000224-LIC			IC	STATE LICENSE #		C10-0000599							
TYPE OF LICENSE License		-10		STATE LICENSE2 #	010 000000								
BUSINESS NAME Oz Distribution, Inc.			Inc		TYPE OF LICENSE			Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME		Proper Wellness INC							
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 PHONE NUMBER (831) 600-7710						BUSINESS ADDRESS			0				
				CITY, STATE, ZIP CODE			Eureka, CA 95501						
)	PHONE NUMBER			(707) 630-1142						
CONTACT NAME Miguel Felix				CONTACT NAME									
				DISTRIB	UTOR INFORMATION								
STATEII	ICENSE #	C11-0000224-l	_IC		DRIVER'S NAME		Bradley Martinez						
BUSINESS NAME			Oz Distribution, Inc.		CA DRVR LIC #		B9489158						
BUSINESS ADDRESS			195 Harvey West Blvd		VEHICLE MAKE		Ford						
CITY, STATE, ZIP CODE			Santa Cruz, CA 950602126		VEHICLE MODEL		Transit						
		(831) 600-7710			VEHICLE LIC. PLATE #		54269L2						
CONTACT NAME Miguel Felix					ACTUAL DATE AND TIME OF ARRIVAL								
			RECEIVER CO		CT SHIPPED DETAILS DNLY THE SHADED COLUMNS BEL	.OW							
UID	ITEM NAME						QTY		TOTAL COST		TOTAL RETAIL VALUE		
ED00007] Cosmo D's Edible Rice Crispy Treat Snickerdoodle 100mg						10	0	\$7.00	\$70.00				
[ED00102	2] Cosmo D's Ed	dible Chocolate Bar Hazy Haze		10	0	\$6.50	\$65.00						
[ED00104	I] Cosmo D's Ed	dible Chocolate Bar Cosmic Be		10	0	\$6.50	\$65.00						
[ED00112] Cosmo D's Edible Chocolate Bar Extra Toasted Coconut 100mg						10	0	\$6.50	\$65.00				
[ED00114] Cosmo D's Edible Chocolate Bar Vegan Crumble 100mg						10	0	\$6.50	\$65.00				
					DUCT REJECTION								
	IF F	PRODUCTS ARE REJECTED	PLEASE CIRCLE T	THE ITEMS E	BEING REJECTED IN THE PRODUC	T SHIPI	PED D	ETAILS S	SECTION ABO	VE			
REASC	N FOR RECEO	CTION											
			F	PRODUCT R	RECEIPT CONFIRMATION								
I confirr	m that the conte	ents of this shipment match in	weight and count as	indicated at	pove.								
	oducts circled al	of all items as inicated received booke are rejected for delivery			cled. e distributor for return to the shipper a	ıs indica	ted in	this form	and all attache	d produc	t detail		
NAME (OF PERSON R	ECEIVING AND/OR				Р	HONE						
REJECTIONG PRODUCT													
SIGNATURE OF PERSON RECEIVING AND/OR													

REJECTING PRODUCT