## SALES INVOICE / SHIPPING MANIFEST

			SA	LES INVO	ICE / S	MIPPING MAIN	ILE9	1					
INVOICE/MANIFEST # SO6388					ACTUAL DATE AND TIME OF DEPARTURE 08/21/2019 01:52 PM								
ATTACHED P	PAGES	No			ESTIMATED DATE AND TIME OF ARRIVAL								
	5	SHIPPE	R INFORM	1ATION		REC	CEIVE	R IN	FOF	RMATION	1		
STATE LICENSE # C11-0000224-LIC				,		STATE LICENSE #		A12-07-0000007					
TYPE OF LICENSE License					STATE LICENSE2#								
BUSINESS NAME Oz Distribution, Inc.				nc.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd				t Blvd		BUSINESS NAME		Elevate Shasta Wellness					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126					BUSINESS ADDRESS	401 Berry St.							
					CITY, STATE, ZIP CODE	Mt. Shasta, CA 96067							
			(831) 600-7710	J		PHONE NUMBER		1(949)212-0055					
CONTACT NA	AME		Miguel Felix			CONTACT NAME							
				[	DISTRIBUTO	R INFORMATION							
STATE LICENSE #			C11-0000224-LI0			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,			Santa Cruz, CA 950602126			VEHICLE MODEL		Transit 54269L2					
PHONE NUMBER			(831) 600-7710			VEHICLE LIC. PLATE #			2				
CONTACT NA	AIVIE		Miguel Felix		ACTUAL DATE AND ARRIVAL			JF.					
						HIPPED DETAILS THE SHADED COLUMNS BEL	.OW						
JID ITE	EM NAME							QTY UN		TOTAL COST		TOTAL RETAIL VALUE	
Kanebes Hybrid Flower Whitez			nitezilla 3.5g				16	\$	12.00	\$192.00			
Royal Tree Indoor Flower Indica Grape Pie Cookie			ookies 3.5g	iles 3.5g		0	\$	23.00	\$0.00				
Roy	Royal Tree Indoor Flower Birthday Cake Hybrid 3.5						16	\$	21.50	\$344.00			
					PRODUC	Γ REJECTION							
	IF P	RODUCTS A	ARE REJECTED P	LEASE CIRCLE THE	ITEMS BEIN	G REJECTED IN THE PRODUC	T SHIPP	PED DET	AILS S	SECTION ABO	VE		
REASON FO	OR RECEC	TION											
	02020												
						IPT CONFIRMATION							
			-	eight and count as indi									
_	-			d above - and which ar and remain in the custo		ributor for return to the shipper a	as indicat	ed in this	form a	and all attache	d produc	t detail	
NAME OF P	PERSON RE	ECEIVING A	ND/OR				PH	HONE					
REJECTIONG PRODUCT							JMBER						
SIGNATURE OF PERSON RECEIVING AND/OR								ATE SIGI	VED				

REJECTING PRODUCT