SALES INVOICE / SHIPPING MANIFEST

		571	LED II VO	ICD / D								
INVOICE/MANIFEST # SO7252 A				ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 10/30/2019 02:57 PM							
ATTACH	ED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC		3		STATE LICENSE #	C12-0000117-LI0			·LIC				
TYPE OF	PE OF LICENSE License				STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Inc.			nc.		TYPE OF LICENSE		Retaile	r Licen	se			
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME		Elevate	Shast	a Wellness				
CITY, STATE, ZIP CODE Santa Cruz, 0 950602126		Santa Cruz, CA			BUSINESS ADDRESS	RESS 401 Berry St.						
		950602126			CITY, STATE, ZIP CODE		Mt. Shasta, CA 96067					
PHONE NUMBER (831) 600-7710			PHO		PHONE NUMBER		1(949)212-0055					
CONTACT NAME Miguel Felix					CONTACT NAME							
			D	OISTRIBUTO	R INFORMATION							
0747511	OFNOF #	044 0000004 116	`		DDIVEDIO NAME		D					
STATE LICENSE # BUSINESS NAME			C11-0000224-LIC Oz Distribution, Inc.		DRIVER'S NAME		Bradley Martinez					
BUSINESS ADDRESS			195 Harvey West Blvd		CA DRVR LIC # VEHICLE MAKE		B9489158					
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126			VEHICLE MODEL		Ford Transit					
PHONE NUMBER		(831) 600-7710			VEHICLE NIODEL VEHICLE LIC. PLATE #		54269L2					
CONTACT NAME		Miguel Felix			ACTUAL DATE AND TIME OF			V.EUULE				
CONTAC	TIVAIVIL	Iviiguei i eiix			ARRIVAL							
					HIPPED DETAILS THE SHADED COLUMNS BEL	LOW						
UID	ITEM NAME						QTY UI		TOTAL COST		TOTAL RETAIL VALUE	
[FL00534] Kanebes Hybrid Flower Lemon Meringue 3.5g			1					\$12.00	\$0.00			
[FL00538] Kanebes Indica Flower Wedding Cake 3.5g					32	2 9	\$12.00	\$384.00				
[FL00510]	FL00510] Kanebes Indica Flower Herojuana 3.5g					32	2	\$12.00	\$384.00			
				PRODUCT	REJECTION							
	IF PRODU	CTS ARE REJECTED PI	LEASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	T SHIPP	PED DET	AILS S	SECTION ABO	VE		
REASO	N FOR RECECTION											
			PPOI	DUCT BECE	IPT CONFIRMATION							
Lconfirm	n that the contents of the	his shipment match in we			II I CON INWATION							
I agree	to take custody of all it ducts circled abbove a	ems as inicated received	above - and which are	e not circled.	ributor for return to the shipper a	as indicat	ed in thi	s form a	and all attached	d product	detail	
NAME OF PERSON RECEIVING AND/OR				PHONE								
REJECTIONG PRODUCT						NU	JMBER					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						DA	ATE SIG	NED				