SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6476 ATTACHED PAGES No				ACTUAL DATE AND TIME OF DEPARTURE 08/28/2019 08:33 AM ESTIMATED DATE AND TIME OF ARRIVAL							
ATTACH	IED PAGES No			ESTIMATI	ED DATE AND TIME OF ARRIVA	\L					
SHIPPER INFORMATION					RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LIC)		STATE LICENSE #		M10-17-0000)052-TEMP				
	FLICENSE	License			STATE LICENSE2 #						
BUSINESS NAME Oz Distribution, Inc.		nc.		TYPE OF LICENSE		Retailer Lice	nse				
BUSINESS ADDRESS 195 Harvey West Blvd						ALTERNATIVES A HEALTH COLLECTIVE					
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS			03 HAMPTON WAY				
950602126				CITY, STATE, ZIP CODE			Santa Rosa, CA 95407				
PHONE NUMBER (831) 600-7710					PHONE NUMBER 707-525-1420						
CONTACT NAME Miguel Felix					CONTACT NAME						
				DISTRIBUTO	R INFORMATION						
STATE LICENSE # C		C11-0000224-LIC	C11-0000224-LIC		DRIVER'S NAME	Francisco Mald		aldorado	dorado		
BUSINESS NAME		Oz Distribution, In	Oz Distribution, Inc.		CA DRVR LIC #	F2095173					
BUSINESS ADDRESS		195 Harvey West	195 Harvey West Blvd		VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE		Santa Cruz, CA 9	Santa Cruz, CA 950602126		VEHICLE MODEL		Transit				
PHONE NUMBER		(831) 600-7710	31) 600-7710		VEHICLE LIC. PLATE #		54269L2				
CONTACT NAME Miguel Felix					ACTUAL DATE AND TIME OF						
					ARRIVAL						
			25051/52 0014		HIPPED DETAILS	014					
			RECEIVER COM	PLETES ONL	Y THE SHADED COLUMNS BEL	Ovv					
UID	ITEM NAME						QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
	Royal Tree Indoor Flower Indica Roc OG 3.5g					6					
	-	toyal Tree Indoor Flower Chemdawg Sativa 3.5g					4 \$23.00				
FL00407] Royal Tree Indoor Flower Dosido Indica 3.5g						6		, ,			
				DD ODI IC	T REJECTION						
	IF PRODU	JCTS ARE REJECTED PI	LEASE CIRCLE THI		G REJECTED IN THE PRODUC	T SHIP	PED DETAILS	SECTION ABO	VE		
REASC	ON FOR RECECTION										
Loonfire	m that the contents of	this shipment match in we			EIPT CONFIRMATION						
I agree	to take custody of all i	items as inicated received	above - and which	are not circled		s indica	ited in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR				PHONE							
REJECTIONG PRODUCT						N	UMBER				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE SIGNED				