## SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7257			ACTUAL DATE AND TIME OF DEPARTURE 10/18/2019 04:11 PM										
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL										
SHIPPER INFORMATION					RECEIVER INFORMATION								
STATE LICENSE # C11-0000224-LIC				STATE LICENSE #		C10-0000306-LIC							
	LICENSE	License			STATE LICENSE2 #								
	USINESS NAME Oz Distribution, Inc.				TYPE OF LICENSE		Retailer License						
	USINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME		We Are Hemp						
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS		913 EAST LEWELLING BLVD							
950602126				CITY, STATE, ZIP CODE		Hayward, CA 95451							
PHONE NUMBER (831) 600-7710				PHONE NUMBER			(510) 276-2628						
CONTACT NAME Miguel Felix			CON		CONTACT NAME								
			I	DISTRIBUTOR	RINFORMATION								
QTATE I I	ICENSE #	C11-0000224-LIC			DRIVER'S NAME		Podel Jar	dolo	70				
		Oz Distribution, Inc			CA DRVR LIC #		Rodel Jardeleza B82636677						
		195 Harvey West B			VEHICLE MAKE		Ford						
		Santa Cruz, CA 950			VEHICLE MODEL		Transit						
PHONE NUMBER		(831) 600-7710			VEHICLE MODEL  VEHICLE LIC. PLATE #				54269L2				
		Miguel Felix			ACTUAL DATE AND TIME								
JONTAC	TIVALVIL	Miguel I elix			ARRIVAL	. 01							
					IIPPED DETAILS THE SHADED COLUMNS E	BELOW							
UID	ITEM NAME						QTY UNIT		TOTAL COST		TOTAL RETAIL VALUE		
	00534] Kanebes Hybrid Flower Lemon Meringue 3.5g				32		2.00						
	[L00538] Kanebes Indica Flower Wedding Cake 3.5g					192		2.00					
	[L00221] Kanebes Indica Flower Chocolate Hashberry 3.5g					192		2.00					
				PRODUCT	REJECTION								
	IF PROD	UCTS ARE REJECTED PLE	ASE CIRCLE THE	ITEMS BEING	REJECTED IN THE PROD	UCT SHIPE	PED DETAI	LS S	SECTION ABO	VE			
REASO	ON FOR RECECTION	N.											
			PRC	DUCT RECE	PT CONFIRMATION								
I confirm	m that the contents o	f this shipment match in weig											
_	oducts circled abbove	items as inicated received a e are rejected for delivery and			ibutor for return to the shipp	er as indica	ted in this fo	orm	and all attached	d produc	t detail		
	NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT						HONE UMBER						
SIGNATURE OF PERSON RECEIVING AND/OR							ATE SIGNE	D					