SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SC ATTACHED PAGES No	D7293	ACTUAL DATE AND TIME OF DEPARTURE 10/16/2019 06:51 PM ESTIMATED DATE AND TIME OF ARRIVAL					
SH	HIPPER INFORMATION	RECI	RECEIVER INFORMATION				
STATE LICENSE #	LICENSE # C11-0000224-LIC STATE LICENSE #		C12-000000	2-LIC			
TYPE OF LICENSE	License	STATE LICENSE2 #	0.2 00000	0			
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer Lice	Retailer License			
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	Tahoe Wellr	Tahoe Wellness Cooperative			
CITY, STATE, ZIP CODE	Santa Cruz, CA	BUSINESS ADDRESS	3445 Lake Tahoe Blvd.				
	950602126	CITY, STATE, ZIP CODE	South Lake	South Lake Tahoe, CA 96150			
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	530-544-8000				
CONTACT NAME	Miguel Felix	CONTACT NAME					
		DISTRIBUTOR INFORMATION					
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	Bradley Mar	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				
PHONE NUMBER	(831) 600-7710	VEHICLE LIC. PLATE #	54269L2				
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF ARRIVAL					
	RECEIVER	PRODUCT SHIPPED DETAILS COMPLETES ONLY THE SHADED COLUMNS BELO	W				
			QTY QTY UNIT	TOTAL 000T		TOTAL RETAIL	
UID ITEM NAME			ORD REC'IDOST	TOTAL COST		VALUE	
[ED00141] Dreamers Edible Oil Syringe High CBD 1G			10 \$35.0				
[ED00139] Dreamers Edible Oil Syringe Indica 1G			10 \$20.0	0 \$200.00			
IF PRO	DUCTS ARE REJECTED PLEASE CIRCL	PRODUCT REJECTION E THE ITEMS BEING REJECTED IN THE PRODUCT	SHIPPED DETAILS	SECTION ABO	VF		
		E THE TIEMS BEING RESERVED IN THE TROOPER	0111112002171120	020110117130			
REASON FOR RECECTION	N						
		PRODUCT RECEIPT CONFIRMATION					
I agree to take custody of a	of this shipment match in weight and count all items as inicated received above - and w re are rejected for delivery and remain in th		indicated in this form	n and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT			PHONE NUMBER				
SIGNATURE OF PERSON REJECTING PRODUCT	RECEIVING AND/OR		DATE SIGNED				