## SALES INVOICE / SHIPPING MANIFEST

SHIPPER INFORMATION  STATE LICENSE # C11-0000224-LIC TYPE OF LICENSE License BUSINESS NAME Oz Distribution, Inc. BUSINESS ADDRESS 195 Harvey West Blvd	WATED DATE AND TIME OF DEPARTURE 1 MATED DATE AND TIME OF ARRIVAL  RECE  STATE LICENSE # STATE LICENSE2 # TYPE OF LICENSE BUSINESS NAME BUSINESS ADDRESS CITY, STATE, ZIP CODE PHONE NUMBER	C10-0000081  Retailer Licens Delta 9 THC L	RMATION LIC	N		
SHIPPER INFORMATION  STATE LICENSE # C11-0000224-LIC  TYPE OF LICENSE License  BUSINESS NAME Oz Distribution, Inc.  BUSINESS ADDRESS 195 Harvey West Blvd  CITY, STATE, ZIP CODE Santa Cruz, CA	RECE  STATE LICENSE #  STATE LICENSE2 #  TYPE OF LICENSE  BUSINESS NAME  BUSINESS ADDRESS  CITY, STATE, ZIP CODE	C10-0000081- Retailer Licens Delta 9 THC L	-LIC se	N		
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CITY, STATE, ZIP CODE Santa Cruz, CA	BUSINESS ADDRESS CITY, STATE, ZIP CODE		LC	Retailer License		
CITY, STATE, ZIP CODE Santa Cruz, CA	BUSINESS ADDRESS CITY, STATE, ZIP CODE	824 E Anaheir	Delta 9 THC LLC			
			824 E Anaheim St.			
		Wilmington, CA 90744 (310) 408-9621				
PHONE NUMBER (831) 600-7710						
CONTACT NAME Miguel Felix	CONTACT NAME					
DISTRIE	BUTOR INFORMATION					
STATE LICENSE # C11-0000224-LIC	DRIVER'S NAME	Ian John Sterr	lan John Sternberger			
BUSINESS NAME Oz Distribution, Inc.	CA DRVR LIC #	B9920672	iborgoi			
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	0.20022				
·	ARRIVAL					
	CT SHIPPED DETAILS					
RECEIVER COMPLETES	ONLY THE SHADED COLUMNS BELOW					
				UNIT	TOTAL	
	•	QTY QTY UNIT		RETAIL	RETAIL	
UID ITEM NAME		ORD REC'IDOST	TOTAL COST	VALUE	VALUE	
[CT00192] Heavenly Sweet Edible Cannabutter 1000mg THC 4oz		10 \$22.00	\$220.00			
DDC.	DDUCT REJECTION					
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS		HIDDED DETAILS S	SECTION ARO	\/E		
II TRODUCTO ARE RESECTED LEGACE ORIGINE THE HEIMO	DEING RESECTED IN THE FRODUCT S	TIII I ED DE TAILO C	DECTION ADO	V L		
REASON FOR RECECTION						
PRODUCT	RECEIPT CONFIRMATION					
I confirm that the contents of this shipment match in weight and count as indicated a						
I agree to take custody of all items as inicated received above - and which are not c						
The products circled abbove are rejected for delivery and remain in the custody of the sheet(s).		dicated in this form	and all attache	d product	detail	
NAME OF PERSON RECEIVING AND/OR		PHONE				
REJECTIONG PRODUCT		NUMBER				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT		DATE SIGNED				