SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6396		ACTUAL DATE AND TIME OF DEPARTUR	ACTUAL DATE AND TIME OF DEPARTURE 08/28/2019 09:11 AM					
ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRIVA	AL					
SHI	PPER INFORMATION	REC	RECEIVER INFORMATION					
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	C10	-18-0000	047-TEMP			
TYPE OF LICENSE	License	STATE LICENSE2 #						
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Reta	Retailer License				
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	Santa Barbara Collective					
CITY, STATE, ZIP CODE Santa Cruz, CA		BUSINESS ADDRESS	2609	2609 de la vina				
	950602126	CITY, STATE, ZIP CODE	sant	santa barbara, CA 93101				
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	805	805 7050656				
CONTACT NAME	Miguel Felix	CONTACT NAME						
		DISTRIBUTOR INFORMATION						
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	Rod	Rodel Jardeleza				
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC #	B82	B82636677				
BUSINESS ADDRESS	195 Harvey West Blvd	VEHICLE MAKE	Ford	Ford				
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126	VEHICLE MODEL	Tran	Transit				
PHONE NUMBER	(831) 600-7710	VEHICLE LIC. PLATE #	5426	54269L2				
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF ARRIVAL	F					
	DECEN/E	PRODUCT SHIPPED DETAILS ER COMPLETES ONLY THE SHADED COLUMNS BEL	OW					
	RECEIVE	COMPLETES ONLY THE SHADED COLUMNS BEL	LOVV					
			QTY QTY	LINIT		UNIT RETAIL	TOTAL RETAIL	
JID ITEM NAME			ORD REC		TOTAL COST			
	ible Cannabutter 1000mg THC 4oz		10	\$22.00			77.202	
	ible Cannabutter 2000mg THC 4 oz		20	\$33.00				
		PRODUCT REJECTION						
IF PRODU	JCTS ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEING REJECTED IN THE PRODUC	CT SHIPPED D	DETAILS	SECTION ABO	VE		
REASON FOR RECECTION								
		PRODUCT RECEIPT CONFIRMATION						
	this shipment match in weight and cou							
· ·	items as inicated received above - and are rejected for delivery and remain in	d which are not circled. In the custody of the distributor for return to the shipper a	as indicated in	this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVE	/ING AND/OR		PHONE NUMBE					
SIGNATURE OF PERSON R REJECTING PRODUCT	RECEIVING AND/OR		DATE S					