SALES INVOICE / SHIPPING MANIFEST

	E/MANIFEST # SO681	2	ACTUAL DATE AND TIME OF DEPART	I IRE 00/12	/2010 02:51 P	M			
INVOICE/MANIFEST # SO6812 ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRI		/2019 02.51 F	IVI			
	SHIP	PER INFORMATION	RE	RECEIVER INFORMATION					
		C11-0000224-LIC	STATE LICENSE #		C10-0000280)-LIC			
	F LICENSE	License	STATE LICENSE2 #						
		Oz Distribution, Inc.	TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS 195 Harvey West Blvd		BUSINESS NAME		Red Door Remedies					
CITY, STATE, ZIP CODE Santa Cruz, CA		·	BUSINESS ADDRESS		1215 Cloverdale Blvd South Unit A				
950602126		950602126	CITY, STATE, ZIP CODE		Cloverdale, CA 95425				
PHONE NUMBER (831) 600-7710		(831) 600-7710	PHONE NUMBER		0				
CONTACT NAME Miguel Felix			CONTACT NAME						
			DISTRIBUTOR INFORMATION						
		C11-0000224-LIC	DRIVER'S NAME		Rodel Jardeleza				
BUSINESS NAME		Oz Distribution, Inc.	CA DRVR LIC #		B82636677				
BUSINESS ADDRESS		195 Harvey West Blvd	VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126	VEHICLE MODEL		Transit				
		(831) 600-7710 Miguel Felix	VEHICLE LIC. PLATE #	05	54269L2				
CONTAC	J NAME	Miguei Felix	ACTUAL DATE AND TIME ARRIVAL	OF					
			PRODUCT SHIPPED DETAILS						
		RECEIVE	R COMPLETES ONLY THE SHADED COLUMNS B	ELOW					
							UNIT	TOTAL	
				QTY	QTY UNIT			RETAIL	
JID	ITEM NAME				REC'IDOST	TOTAL COST		VALUE	
		Chocolate Bar Hazy Hazelnut 100m		10					
	S - Cosmo D's Edible (Chocolate Bar Cosmic Berry Crunch	100mg	5	\$0.01	\$0.05	5		
			DDODUOT DE JEOTION						
	IE DDODITO	TS ARE REJECTED DI EASE CIRC	PRODUCT REJECTION LE THE ITEMS BEING REJECTED IN THE PRODU	ICT SHIDD	DED DETAIL C	SECTION ARC	\\/E		
	IF PRODUC	13 ARE REJECTED PLEASE CIRC	LE THE TIEWS BEING REJECTED IN THE PRODU	JCT SHIFF	ED DETAILS	SECTION ABO	, ∧ ⊏		
REAS	ON FOR RECECTION								
			PRODUCT RECEIPT CONFIRMATION						
Loonfir	m that the contents of thi	s shipment match in weight and cou							
		ms as inicated received above - and							
_	oducts circled abbove are		the custody of the distributor for return to the shippe	r as indicat	ed in this form	and all attache	ed produc	t detail	
	OF PERSON RECEIVIN	IG AND/OR			HONE JMBER				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					ATE SIGNED				