SALES INVOICE / SHIPPING MANIFEST

INIVOICE	MANIFEST # SO6950	1	ACTUAL D	ATE AND TIME OF DEPARTURE	00/10	0/2010	02:45 DI	Λ		
INVOICE/MANIFEST # SO6950 ATTACHED PAGES No				D DATE AND TIME OF ARRIVAL		3/2013	02.43 FT	/1		
					-					
	SHIPF	PER INFORMATION		RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LIC			STATE LICENSE #			C10-0000490-LIC				
TYPE OF LICENSE License			STATE LICENSE2 #							
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		Medithrive					
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		1933 Mission st					
950602126			CITY, STATE, ZIP CODE		San Francisco, CA 94103					
PHONE NUMBER (831) 600-7710			PHONE NUMBER		(415) 562-6334					
CONTACT NAME Miguel Felix				CONTACT NAME						
			DISTRIBUTOR	RINFORMATION						
STATE LICENSE # C11-0000224-LIC				DRIVER'S NAME Rode			el Jardeleza			
BUSINE	SS NAME	Oz Distribution, Inc.		CA DRVR LIC #		B82636677				
BUSINESS ADDRESS 195		195 Harvey West Blvd		VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE Santa Cru:		Santa Cruz, CA 950602126		VEHICLE MODEL		Transit				
PHONE NUMBER (831) 600-771		(831) 600-7710		VEHICLE LIC. PLATE #		54269L2				
CONTAC	CT NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL						
		RECEIVE		IIPPED DETAILS THE SHADED COLUMNS BELO)W					
									UNIT	TOTAL
					QTY	QTY I	JNIT		RETAIL	RETAIL
UID	ITEM NAME				ORD	REC'I	DOST	TOTAL COST	VALUE	VALUE
	Royal Tree Indoor Flower Indica Grape Pie Cookies 3.5g				64		\$23.00	\$1,472.00		
S - Royal Tree Indoor Flower Indica Grape Pie Cookies 3.5g			5g			3	\$0.01	\$0.03		
			PRODUCT	REJECTION						
	IF PRODUCT	S ARE REJECTED PLEASE CIRC			SHIPE	PED DE	TAILS S	SECTION ABO	VE	
REAS	ON FOR RECECTION									
			PRODUCT RECEI	PT CONFIRMATION						
I confir	m that the contents of this	shipment match in weight and cou								
		ns as inicated received above - and								
The pr sheet(s		rejected for delivery and remain in	the custody of the distr	ributor for return to the shipper as	indica	ted in tl	nis form	and all attache	d produc	t detail
NAME	OF PERSON RECEIVING	G AND/OR			PI	HONE				
REJECTIONG PRODUCT						UMBE	3			
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					D.	ATE SI	GNED			