SALES INVOICE / SHIPPING MANIFEST

		ELS II V O	ICD / L			L				
INVOICE/MANIFEST # SO7308			ACTUAL DATE AND TIME OF DEPARTURE 10/16/2019 09:13 AM ESTIMATED DATE AND TIME OF ARRIVAL							
ATTACHED PAGES No										
SHIPPER INFORMATION				RECEIVER INFORMATION						
STATE LICENSE #	C11-0000224-LI0	2		STATE LICENSE #	C	C10-0000575	-LIC			
TYPE OF LICENSE	License			STATE LICENSE2#						
BUSINESS NAME	Oz Distribution, I	nc.		TYPE OF LICENSE	F	Retailer Licen	se			
BUSINESS ADDRESS 195 Harvey West Blvd		t Blvd		BUSINESS NAME	7 Stars Holistic Foundation					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS	SINESS ADDRESS 3223 Pierce St.					
				CITY, STATE, ZIP CODE	F	Richmond, CA 94804				
PHONE NUMBER (831) 600-7710				PHONE NUMBER	5	510-527-7827				
CONTACT NAME Miguel Felix				CONTACT NAME						
		C	DISTRIBUTO	R INFORMATION						
STATE LICENSE #	C11-0000224-LI0	_		DRIVER'S NAME		Bradlov Martir	207			
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #		Bradley Martinez B9489158				
BUSINESS ADDRESS 195 Harvey W				VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE	Santa Cruz, CA 9			VEHICLE MODEL		Transit				
PHONE NUMBER (831) 600-77				VEHICLE LIC. PLATE #		54269L2				
CONTACT NAME Miguel Felix				ACTUAL DATE AND TIME OF ARRIVAL						
				HIPPED DETAILS 7 THE SHADED COLUMNS BELO	W					
								UNIT	TOTAL	
						TY UNIT		RETAIL	RETAIL	
UID ITEM NAME							TOTAL COST		VALUE	
[ED00019] Heavenly Sweet Edible Treats Berry Crunch 100mg THC [CT00106] Summit Boys Caviar Crumble Banjo Glue 1g					10	\$8.50	\$85.00			
[CT00112] Summit Boys Caviar Crumble Banjo Glue 1g					0	\$17.50 \$17.50				
[CT00112] Summit Boys C		40	\$17.50							
[CT00109] Summit Boys Caviar Crumble Double Scotts OG 1g					24	\$16.00				
CT00210] Summit Boys Caviar Crumble Forbidden Fruit 1G					24	\$16.00				
			PRODUC'	T REJECTION						
IF PR	ODUCTS ARE REJECTED P	LEASE CIRCLE THE	ITEMS BEIN	G REJECTED IN THE PRODUCT	SHIPPE	D DETAILS S	SECTION ABO	VE		
REASON FOR RECECT	TION									
			DUAT DEAF	UDT CONFIDMATION						
Loopfing that the control	io of this object and the first			EIPT CONFIRMATION						
	s of this shipment match in we f all items as inicated received	•								
				tributor for return to the shipper as	indicated	d in this form	and all attache	d product	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER					
SIGNATURE OF PERSOREJECTING PRODUCT	ON RECEIVING AND/OR				DAT	E SIGNED				