SALES INVOICE / SHIPPING MANIFEST

INVOICE	MANIFEST # SO8030		ACTUAL D	ATE AND TIME OF DEPARTURE	12/0	2/2010	UN-VE DI	./				
INVOICE/MANIFEST # SO8030 ATTACHED PAGES No				ED DATE AND TIME OF ARRIVAL		2/2019	04.40 F1	VI				
,					-							
	SHIPF	PER INFORMATION		RECEIVER INFORMATION								
STATE LICENSE #		C11-0000224-LIC		STATE LICENSE #			C10-0000224-LIC					
	LICENSE	License		STATE LICENSE2 #								
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer License							
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		East of Eden Cannabis Co							
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		514 Work Street							
950602126			CITY, STATE, ZIP CODE			Salinas, CA 93901						
PHONE NUMBER (831) 600-7710			PHONE NUMBER		831-238-6213							
CONTACT NAME Miguel Felix				CONTACT NAME								
			DISTRIBUTO	R INFORMATION								
				Í								
STATE LICENSE #		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						
PHONE NUMBER CONTACT NAME		(831) 600-7710		VEHICLE LIC. PLATE #		54269L2						
JONTAC	INAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL								
			PRODUCT SI	HIPPED DETAILS								
		RECEIVE	R COMPLETES ONLY	THE SHADED COLUMNS BELO	W							
UID	ITEM NAME					' QTY I		TOTAL COST		TOTAL RETAIL VALUE		
[FL00130] Elite Hybrid Preroll Alien OG 1g					0	\$4.50	\$0.00					
[FL00378] S - Kanebes Indica Preroll Purple Punch 0.8g					10	0	\$0.01	\$1.00				
			PRODUCT	F REJECTION								
	IF PRODUCT	S ARE REJECTED PLEASE CIRC			SHIP	PED DE	ETAILS S	SECTION ABO	VE			
REASO	N FOR RECECTION											
KLAGO	IVI OK KECECTION											
				IPT CONFIRMATION								
		shipment match in weight and cou										
_	ducts circled abbove are	ns as inicated received above - and remain in		ributor for return to the shipper as	indica	ited in th	nis form	and all attache	d produc	t detail		
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT				PHONE NUMBER								
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					D	ATE SI	GNED					