SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7342			ACTUAL	ACTUAL DATE AND TIME OF DEPARTURE 10/18/2019 04:14 PM						
ATTACHED PAGES No			ESTIMA [*]	ESTIMATED DATE AND TIME OF ARRIVAL						
SHIPPER INFORMATION				RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-L		C11-0000224-LIC	STATE LICENSE #		C12-0000080-LIC					
		License	STATE LICENSE2#		C12-0000080-LIC					
BUSINESS NAME Oz Distribution, Inc.		Oz Distribution, Inc.		TYPE OF LICENSE	Re	Retailer License				
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME	Gı	Greenlight Discount Pharmacy					
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS	15	15507 Cobalt St					
950602126			CITY, STATE, ZIP CODE	Sy	Sylmar, CA 91342					
PHONE NUMBER (831) 600-7710		(831) 600-7710		PHONE NUMBER	81	818.256.1964				
CONTACT NAME Miguel Felix				CONTACT NAME						
			DIOTRIPLIT							
			DISTRIBUT	OR INFORMATION						
STATE LICENSE #		C11-0000224-LIC		DRIVER'S NAME		Angel Rodriguez				
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #	B9147506					
BUSINESS ADDRESS		195 Harvey West Blvd		VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126		VEHICLE MODEL	Transit					
PHONE NUMBER		(831) 600-7710		VEHICLE LIC. PLATE #	54269L2					
CONTACT	T NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL						
		RECEIVE		SHIPPED DETAILS LY THE SHADED COLUMNS BELOV	N					
JID	ITEM NAME				QTY QT		TOTAL COST		TOTAL RETAIL VALUE	
[FL00221] Kanebes Indica Flower Chocolate Hashberry 3.5g					25	\$12.00	\$300.00			
FL00431] S -Kanebes Indica Flower Chocolate Hashberry 3.5g					1	\$0.01	\$0.01			
			PRODU	CT REJECTION						
	IF PRODUCT	S ARE REJECTED PLEASE CIRC	LE THE ITEMS BEI	NG REJECTED IN THE PRODUCT	SHIPPED	DETAILS	SECTION ABO	VE		
REASO	N FOR RECECTION									
			PRODUCT REC	CEIPT CONFIRMATION						
I agree t	to take custody of all item ducts circled abbove are	shipment match in weight and countries as inicated received above - and rejected for delivery and remain in	which are not circle		ndicated	in this form	and all attache	d produc	t detail	
sheet(s)	•									
NAME OF PERSON RECEIVING AND/OR					PHO	NE				
REJECTIONG PRODUCT					NUM	BER				
	URE OF PERSON RECE	EN (INIO ANID/OD			DATE	SIGNED				