



CATLAB, LLC
19 Levesque Dr. #3
Eliot, ME 03903
207-200-9950
ME OCP: MTF368

Certificate of Analysis

Client Name	Blackbeard Farms LLC	License Number	GR1121
Address	276 Harold Dow Highway Eliot, ME 03903	Phone	
Order ID	1103	Sample Type	Dried Flower
Sample ID	04154	Strain	Dosi Sherb
METRC Sample ID	1A40D0300005142000000092	Serving Mass (g)/ Package	0.507 /
Date Received	09/13/2022	Collected Sample Weight	11.2 g
Date/Time of Collection	09/13/2022 02:30 PM	Collected By	Blackbeard Farms
		Date Generated	09/16/2022

Summary of Results

Water Activity Profile	
All Results	Pass

Filth and Foreign Materials Screening	
All Results	Pass

Microbiological Screening	
All Results	Pass

Heavy Metals Screening	
All Results	Pass

Potency Profile	
Cannabinoid	Result mg/g
CBDV	< RL
THCV	0.149
CBDA	0.479
CBD	< RL
CBG	1.49
CBN	< RL
CBGA	3.29
CBC	< RL
exoTHC	< RL
Δ9-THC	4.24
Δ8THC	< RL
THCA	242
Total Cannabinoids %	25.2
Total CBD mg/g	0.420
Total THC mg/g	217
Total CBD %	0.0420
Total THC %	21.7

DISCLAIMER: mg/L=ppm, µg/L=ppb, "<" denotes "less than", TNTC = Too Numerous To Count. This report of analysis may not be modified in any way, or reproduced except in full, without written approval from CATLAB, LLC. Results as reported relate only to samples as submitted on the chain of custody. All sample results are based on samples as they are received. Not all potential/existing hazards were tested. Unless otherwise noted, analyses were performed without significant modifications and QC met the quality standards outlined in the methods reported. Measurement uncertainty is available upon request. **The Reporting Limit (RL)** is the lowest level of an analyte that can be accurately recovered from the matrix of interest. The **Regulatory Limits (or Action Levels)** for adult use mandatory testing samples are set by the Maine Office of Marijuana Policy (OMP). **Total THC** = D-9-THC + (THCA x 0.877). **Total CBD** = CBD + (CBDA x 0.877).



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Potency

Date Analyzed: 9/16/22
Instrument: UPLC CAT-0002

Prep Date: 9/15/22
Method: SOP-QA-0016

Analyst: RW

Potency	Result %	Result (mg/g)	Result (mg/package)	RL (%)	RL (mg/g)
CBDV	< RL	< RL	N/A	0.0135	0.135
THCV	0.0149	0.149	N/A	0.0135	0.135
CBDA	0.0479	0.479	N/A	0.0135	0.135
CBD	< RL	< RL	N/A	0.0135	0.135
CBG	0.149	1.49	N/A	0.0135	0.135
CBN	< RL	< RL	N/A	0.0135	0.135
CBGA	0.329	3.29	N/A	0.0135	0.135
CBC	< RL	< RL	N/A	0.0135	0.135
exoTHC	< RL	< RL	N/A	0.0135	0.135
Δ 9-THC	0.424	4.24	N/A	0.0135	0.135
Δ 8THC	< RL	< RL	N/A	0.0135	0.135
THCA	24.2	242	N/A	0.0135	0.135

Heavy Metals

Date Analyzed: 9/16/22
Instrument: CAT-0093

Prep Date: 9/15/22
Method: SOP-QA-0030

Analyst: ITG

Metals	Result (ug/kg)	RL (ug/kg)	Action Level (ug/kg)	Pass/Fail
Arsenic	< RL	54.2	200	Pass
Cadmium	< RL	31.0	200	Pass
Lead	< RL	23.4	500	Pass
Mercury	< RL	3.33	100	Pass

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Microbial Analysis

Date Analyzed for Microbes: 9/14/22
Instrument: CAT-0140, CAT-0152

Date Analyzed for Yeast and Mold: 9/16/22
Method: SOP-QA-0028, SOP-QA-0038

Prep Date: 9/13/22
Analyst: Cj

Contaminants	Result (CFU/g)	RL (CFU/g)	Action Level (CFU/g)	Pass/Fail
Total Aerobic	100	100	100,000	Pass
Total Yeast/Mold	< RL	100	10,000	Pass
Total Enterobacter	< RL	100	1,000	Pass
Total Coliform	< RL	100	1,000	Pass
Escherichia Coli (E. Coli)	< RL	1	1	Pass
Salmonella spp	< RL	1	1	Pass

Filth and Foreign Materials

Date Analyzed: 9/15/22
Instrument: Visual Inspection

Prep Date: 9/15/22
Method: SOP-QA-0018

Analyst: AJS

Analyte	Result	Action Level	Pass/Fail
Sand, Soil, Cinders, Dirt, and Mold (%)	0	25	Pass
Embedded Foreign Material (%)	0	25	Pass
Insect Fragment	0	1	Pass
Hair	0	1	Pass
Mammalian Excreta	0	1	Pass

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Water Activity

Date Analyzed: 9/15/22
Instrument: Rotronic CAT-0020

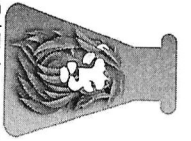
Prep Date: 9/15/22
Method: SOP-QA-0012

Analyst: AJS

Analyte	Finding (Aw)	RL (Aw)	Action Level (Aw)	Pass/Fail
Water Activity	0.55	0.11	0.65	Pass

Approved By: Guy Sylvester
09/16/2022

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MTF368
ISO #112380

CATLAB, LLC CHAIN OF CUSTODY RECORD

1103

Page ___ of ___

Report To: Kind Farms
Cultivator or Mfg Name: _____
Cultivator or Mfg License or Reg Number: _____

Submittal Type
Adult Use: R&D: Medical:
Personal/Other: _____

New Customer Information

Address: _____
City, State: _____
Zip Code: _____
Phone: _____

Billing Address (if different): _____
Email (for results): _____

Sample Number (lab use only)	Sample Identification (as found on container)	Sample Type**	Date Collected	Time Collected	Sample Size	Serving Size***	Servings per Package***	Potency*	Homogeneity	Terpene Profile	Residual Solvents	Filth and Foreign Material	Microbiological Impurities	Water Activity	Moisture Content	Aflatoxins/Ochratoxins	Metals
4154	Dasi Sherb		9/13	2:30	11.2g			X				X	X	X			X

Comments, special instructions, or temperature requirements:

*Potency analysis tests Δ-9-THC, THCA, CBD, CBG, CBN, CBDA, THCV, CBDV, CBC, CBGA, exoTHC, Δ-8-THC
**Sample types: fresh flower, dried flower, trim, concentrate, CO₂/solvent based concentrate, edible, capsule, tincture, or 'other'
***For edibles, tinctures, and capsules please include serving size and servings per package information for accurate reporting.

Samples collected by (print): B. Richards

Signature: B. Richards Date: 9/13/22

Received at Lab by (print): _____
Signature: [Signature] Date: 9/13/22



METRC®

MARIJUANA TRANSPORTATION MANIFEST

All sales transactions are to be completed prior to transportation of any MARIJUANA. The receiving entity may reject product delivered, but amount delivered must be limited to amount agreed upon in prior sales transaction.

Manifest No.	0000310811		Date Created	9/13/2022 2:42 PM	
Originating Entity	BLACKBEARD FARMS LLC		For Agency Use Only		
Originating License Number	GR1121				
Address of Originating Entity	276 HAROLD DOW HIGHWAY ELIOT, ME 03903 County: YORK				
Phone No. of Originating Entity					
1. Destination	CATLAB, LLC		Destination Phone No.		
Destination License Number	TF368		Date and Approx. Time of Departure	9/13/2022 2:45 PM	
Address of Destination	19 LEVESQUE DRIVE SUITES 3 AND 5 ELIOT, ME 03903-2079 County: YORK		Date and Approx. Time of Arrival	9/13/2022 2:55 PM	
			Date/Time Received	9/12/22	
			Notes: details for extenuating circumstances (e.g., road closure, flat tire, etc.)		
Route to be Traveled Head Southeast on ME-236 S toward Beech Rd 0.4 mi Turn right onto Levesque Dr 427 ft Turn Left 75ft Turn Left					
1. Outbound Transporter	BLACKBEARD FARMS LLC		No Layover Scheduled		
Transporter License Number	GR1121				
Address of Transporter	276 HAROLD DOW HIGHWAY ELIOT, ME 03903 County: YORK				
Contact Phone No. for Inquiries: 2075152512					
Name of Person Transporting	Brayden Richards		Employee ID of Driver	IIC5445	
State Driver's License No.	0660315		Signature of Person Transporting		
Make, Model, License Plate No.	VOLKSWAGEN JETTA 8020 XZ				
1. Package Shipped	Production Batch No.		Item Name	Quantity	
1A40D0300005142000000092 Lab Test: SubmittedForTesting			Dosi Sherb Cured Buds (Buds/Flower)	Shp: 11.2000 g	
Item Details	Strain: DOSI SHERB				
Source Harvest(s)	dosi8/19/22				
Source Package(s)	1A40D0300005142000000061				
Req'd Lab Test Batches	Filt & Foreign Materials, Metals - Flower/Trim, Microbials - E.coli, Microbials - Enterobacteriaceae, Microbials - Salmonella, Microbials - Total Aerobic Microbial Count, Microbials - Total Coliform, Microbials - Total Yeast & Mold Count, Potency (Flower/Trim), Water Activity				
PRODUCT REJECTION (if only a portion of shipment is rejected, circle that portion above)					
Name of Person Receiving or Rejecting Product	Amanda Schumacher				
I confirm that the contents of this shipment match weight records entered above, and I agree to take custody of those portions of this shipment not circled above. Those portions circled were returned to the individual delivering this shipment.					
Signature			Date	9.13.22	
Signature of individual taking receipt of rejected portion of this shipment					

Sample Receipt Condition Report

CATLAB, LLC

Order ID: 1103

Samples Received Via: CATLAB Sampler/Courier Licensee Certified Sampler
 Custody Seals Present and Intact on Transport Container: Yes No N/A Comments: _____
 Custody Seals Present and Intact on Sample Containers: Yes No N/A Comments: _____
 Type of submittal: Medical Adult Use Other Comments: _____
 Receipt Temp: _____ Humidity: _____ If needed, ice present? Y / N Ambient:

Samples Received			
	# of Samples	# of Containers	Notes:
Flower	1	1	
Trim			
Pre-Roll			
Infused Pre-Roll			
Retail Units			
Concentrate			
Infused Edibles			
Solid Batch			
Liquid Batch			

Proper Sample Containers/Enough Sample?	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> NA	Comments:
Analysis Marked on COC Match Bottles Rec'v?	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> NA	Comments:
Date/Time/ID on Samples Match COC?	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> NA	Comments:
Rushes Communicates to analyst in writing?	Y / <input type="checkbox"/> N / <input checked="" type="checkbox"/> NA	Comments:
Sample tampered, manipulated, adulterated or contaminated?	Y / <input checked="" type="checkbox"/> N / <input type="checkbox"/> NA	Comments:
AUMP Sample size by Batch Size OK?	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> NA	Comments:
Samples collected in the manner required by OMP?	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> NA	Comments:
Transport Manifest Received?	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> NA	Comments:
Samples Received in Metr	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> NA	Comments:

Notes/Comments: _____
 Initials/Date: ASJ 9-13-22

Reviewer's Checklist

<input checked="" type="checkbox"/> Client ID/Contact	If Adult Use:
<input checked="" type="checkbox"/> Reporting Instructions	
<input checked="" type="checkbox"/> Rushes Communicated	<input checked="" type="checkbox"/> Logged in Metr
<input checked="" type="checkbox"/> Temp, Condition OK	<input checked="" type="checkbox"/> Transfer Manifest
<input checked="" type="checkbox"/> Sample ID/Date/Time	If CATLAB Samples:
<input checked="" type="checkbox"/> Matrix	<input type="checkbox"/> Sampling Form
<input checked="" type="checkbox"/> TAT Correct	<input type="checkbox"/> Attestation Form
<input checked="" type="checkbox"/> Correct Analyses	

Initials: IS Date: 9-14-22