

\*3

CATLAB. LLC

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

**Certificate of Analysis** 

Client Name Kind Farms Reserve License Number

Address 357 Portland St Berwick, ME 03901 Sample Type Concentrate

Order ID 1348 Strain Wedding Mints (LB)

Sample ID 05048 Serving Mass (g)/ Package /

METRC Sample ID Collected Sample Weight

Date Received12/09/2022Collected ByKind FarmsDate/Time of Collection12/09/2022 02:00 PMDate Generated12/14/2022

### **Summary of Results**

Terpenes	Profile
<u>Terpene</u>	Result %
α-Pinene	0.21
Camphene	0.055
β-Pinene	0.19
β-myrcene	0.65
$\delta$ 3-carene	< RL
α-Terpinene	< RL
D-Limonene	1.5
p-Cymene	< RL
Eucalyptol	< RL
Ocimene	0.12
y-Terpinene	< RL
Terpinolene	0.032
Linalool	0.31
Isopulegol	< RL
Geraniol	0.22
β-Caryophyllene	1.2
α-Humulene	0.47
cis-Nerolidol	1.7
trans-Nerolidol	1.8
Guaiol	0.15
Caryophyllene Oxide	0.21
α-Bisabolol	0.38
Total Terpenes (%)	9.2

Potency Prof	file
<u>Cannabinoid</u>	Result mg/g
CBDV	< RL
THCV	< RL
CBDA	1.24
CBD	< RL
CBG	1.27
CBN	< RL
CBGA	15.2
CBC	< RL
exoTHC	< RL
Δ9-ΤΗС	16.1
Δ8ΤΗC	< RL
THCA	818
Total Cannabinoids %	85.2
Total CBD mg/g	1.09
Total THC mg/g	734
Total CBD %	0.109
Total THC %	73.4



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

Analyst: IG



# **Certificate of Analysis**

Client Name Kind Farms Reserve License Number

Address 357 Portland St Phone

Berwick, ME 03901 **Sample Type** Concentrate

Order ID 1348 Strain Wedding Mints (LB)

Sample ID 05048 Serving Mass (g)/ Package /

METRC Sample ID Collected Sample Weight

Date Received12/09/2022Collected ByKind FarmsDate/Time of Collection12/09/2022 02:00 PMDate Generated12/14/2022

### **Potency**

Date Analyzed: 12/14/22 Prep Date: 12/13/22 Instrument: UPLC CAT-0002 Method: SOP-QA-0016

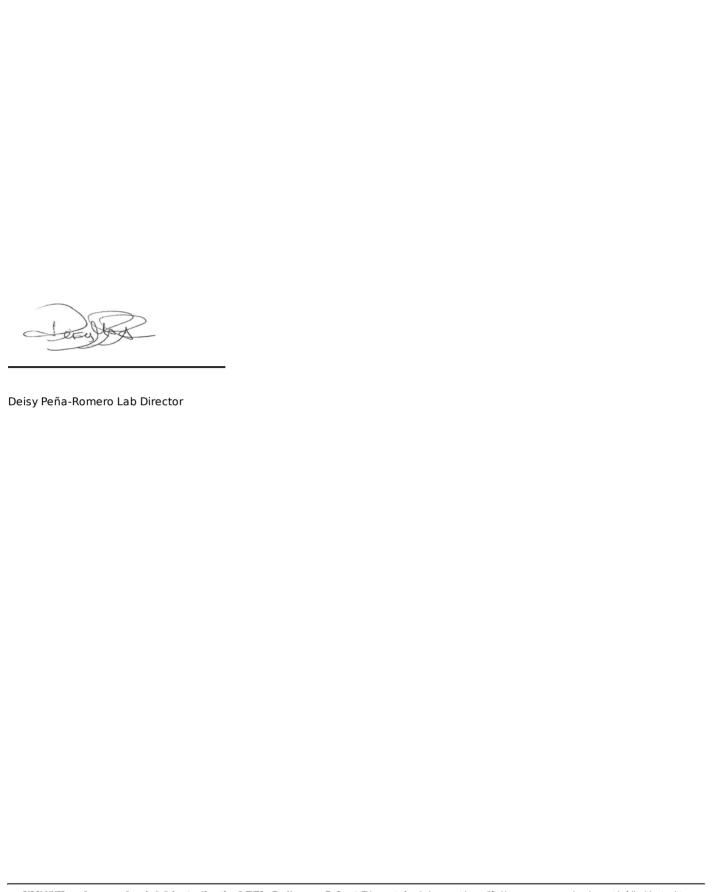
Potency	Result %	Result (mg/g)	Result (mg/package)	RL (%)	RL (mg/g)
CBDV	< RL	< RL	N/A	0.0165	0.165
THCV	< RL	< RL	N/A	0.0165	0.165
CBDA	0.124	1.24	N/A	0.0165	0.165
CBD	< RL	< RL	N/A	0.0165	0.165
CBG	0.127	1.27	N/A	0.0165	0.165
CBN	< RL	< RL	N/A	0.0165	0.165
CBGA	1.52	15.2	N/A	0.0165	0.165
CBC	< RL	< RL	N/A	0.0165	0.165
exoTHC	< RL	< RL	N/A	0.0165	0.165
Δ9-ΤΗС	1.61	16.1	N/A	0.0165	0.165
Δ8ΤΗС	< RL	< RL	N/A	0.0165	0.165
THCA	81.8	818	N/A	0.0165	0.165

## **Terpenes**

Date Analyzed: 12/4/22 Prep Date: 12/13/22 Instrument: CAT-0114 Method: SOP QA-0032

Terpenes	Result (% weight)	RL (% weight)
α-Pinene	0.21	0.025
Camphene	0.055	0.025
β-Pinene	0.19	0.025
β-myrcene	0.65	0.025
$\delta$ 3-carene	< RL	0.025
α-Terpinene	< RL	0.025
D-Limonene	1.5	0.025
p-Cymene	< RL	0.025
Eucalyptol	< RL	0.025
Ocimene	0.12	0.025
y-Terpinene	< RL	0.025
Terpinolene	0.032	0.025
Linalool	0.31	0.025
Isopulegol	< RL	0.025
Geraniol	0.22	0.13
β-Caryophyllene	1.2	0.025
α-Humulene	0.47	0.025
cis-Nerolidol	1.7	0.027
trans-Nerolidol	1.8	0.015
Guaiol	0.15	0.025
Caryophyllene Oxide	0.21	0.025
α-Bisabolol	0.38	0.025

Analyst: RW





CATLAB. LLC

19 Levesque Dr. #3 Eliot, ME 03903 207-200-9950

ME OCP: MTF368

# **Certificate of Analysis**

**Client Name License Number** Kind Farms Reserve

**Phone Address** 357 Portland St

**Sample Type** Concentrate Berwick, ME 03901

Strain Cap Junky (LHR) **Order ID** 1348

Serving Mass (g)/ Package Sample ID 05049

**Collected Sample Weight METRC Sample ID** 

**Collected By** Kind Farms **Date Received** 12/09/2022 **Date Generated** Date/Time of Collection 12/09/2022 02:00 PM 12/14/2022

### **Summary of Results**

Terpenes Pr	ofile
<u>Terpene</u>	Result %
α-Pinene	0.19
Camphene	0.060
β-Pinene	0.19
β-myrcene	0.36
$\delta$ 3-carene	< RL
α-Terpinene	< RL
D-Limonene	1.7
p-Cymene	< RL
Eucalyptol	< RL
Ocimene	< RL
y-Terpinene	< RL
Terpinolene	0.030
Linalool	0.71
Isopulegol	< RL
Geraniol	0.19
β-Caryophyllene	1.1
α-Humulene	0.42
cis-Nerolidol	2.3
trans-Nerolidol	2.1
Guaiol	0.23
Caryophyllene Oxide	0.19
α-Bisabolol	0.41
Total Terpenes (%)	10

Potency Prof	file
<u>Cannabinoid</u>	Result mg/g
CBDV	< RL
THCV	0.492
CBDA	1.72
CBD	< RL
CBG	1.17
CBN	< RL
CBGA	9.85
CBC	< RL
exoTHC	< RL
Δ9-ΤΗС	5.03
Δ8ΤΗC	< RL
THCA	818
Total Cannabinoids %	83.6
Total CBD mg/g	1.51
Total THC mg/g	723
Total CBD %	0.151
Total THC %	72.3



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

Concentrate



# **Certificate of Analysis**

Client Name Kind Farms Reserve License Number

Address 357 Portland St Phone
Berwick, ME 03901 Sample Type

Order ID 1348 Strain Cap Junky (LHR)

Sample ID 05049 Serving Mass (g)/ Package /

METRC Sample ID Collected Sample Weight

**Date Received** 12/09/2022 **Collected By** Kind Farms

Date/Time of Collection 12/09/2022 02:00 PM Date Generated 12/14/2022

### **Potency**

Date Analyzed: 12/14/22 Prep Date: 12/13/22
Instrument: UPLC CAT-0002 Method: SOP-QA-0016 Analyst: IG

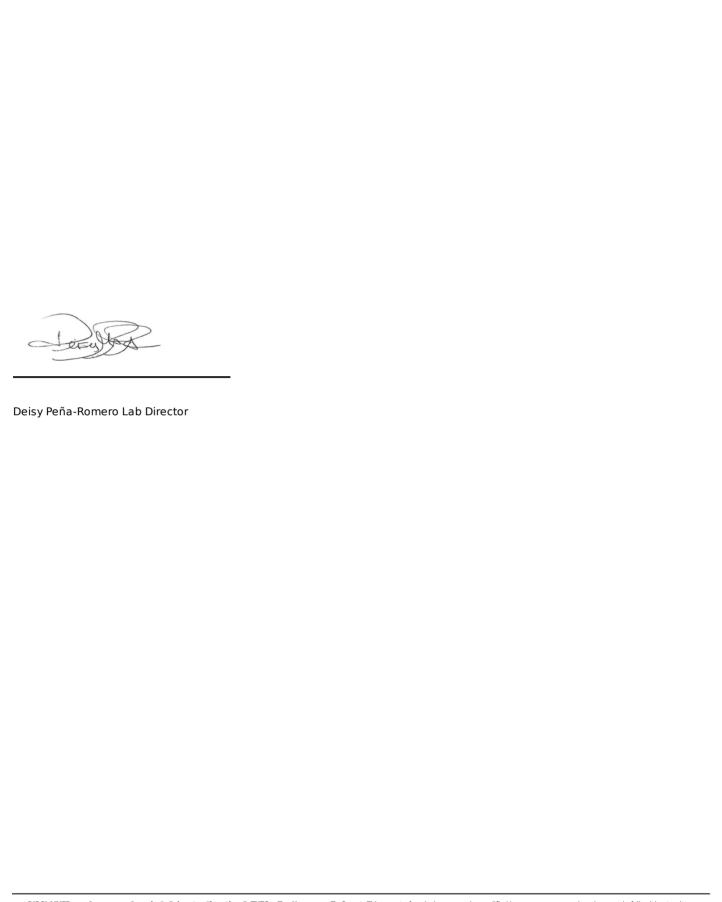
Potency	Result %	Result (mg/g)	Result (mg/package)	RL (%)	RL (mg/g)
CBDV	< RL	< RL	N/A	0.0165	0.165
THCV	0.0492	0.492	N/A	0.0165	0.165
CBDA	0.172	1.72	N/A	0.0165	0.165
CBD	< RL	< RL	N/A	0.0165	0.165
CBG	0.117	1.17	N/A	0.0165	0.165
CBN	< RL	< RL	N/A	0.0165	0.165
CBGA	0.985	9.85	N/A	0.0165	0.165
CBC	< RL	< RL	N/A	0.0165	0.165
exoTHC	< RL	< RL	N/A	0.0165	0.165
Δ9-ΤΗС	0.503	5.03	N/A	0.0165	0.165
Δ8ΤΗC	< RL	< RL	N/A	0.0165	0.165
THCA	81.8	818	N/A	0.0165	0.165

# **Terpenes**

Date Analyzed: 12/4/22 Prep Date: 12/13/22 Instrument: CAT-0114 Method: SOP QA-0032

Terpenes	Result (% weight)	RL (% weight)
α-Pinene	0.19	0.025
Camphene	0.060	0.025
β-Pinene	0.19	0.025
β-myrcene	0.36	0.025
$\delta$ 3-carene	< RL	0.025
α-Terpinene	< RL	0.025
D-Limonene	1.7	0.025
p-Cymene	< RL	0.025
Eucalyptol	< RL	0.025
Ocimene	< RL	0.025
y-Terpinene	< RL	0.025
Terpinolene	0.030	0.025
Linalool	0.71	0.025
Isopulegol	< RL	0.025
Geraniol	0.19	0.13
β-Caryophyllene	1.1	0.025
α-Humulene	0.42	0.025
cis-Nerolidol	2.3	0.027
trans-Nerolidol	2.1	0.015
Guaiol	0.23	0.025
Caryophyllene Oxide	0.19	0.025
α-Bisabolol	0.41	0.025

Analyst: RW



# CATLAB, LLC CHAIN OF CUSTODY RECORD

C
I
2

0/10

CATLAB, LLC

19 Levesque Drive Eliot, Maine 03903 207-200-9950 MTF368 ISO #112380

Cultivator or Mfg Name: Kind Farms Report To: Seth Bristol

Email Address (for results): Kindfarmspackaging@gmail.com

			56
	Personal/Other:	Adult Use: R&D: Medical:	Submital Type
1			

	2	<b>New Customer Information</b>	<ul> <li>Information</li> </ul>								Ar	ıalyse	s Rec	Analyses Requested	ď.			
Address:		Billing Address (if different):	ss (if differen	Ē)								ıl.	s				_	
City, State:												ateria	uritie		ins			
Zip Code:	CIV. 18										5	Ma	mp		tox			
Phone:		Cultivator or	Cultivator or Mfg License or Reg Number:	or Reg Numi	ber:					le	ents	ign	al Ir	y	hra			
									eity	rofi	olve	ore	ogic	ivity	/Oc			
Sample Number	Sample Identification	Sample	Date	Time	Sample	Serving	Servings per	ncy*	ogen	ene F	dual S	and I	obiol	er Act	oxins	als		
(lab use only)	(as found on container)	Туре**	Collected	Collected	Size	Size***	Package***	Pote	Hom	Terp	Resid	Filth	Micr	Wate	Aflat	Meta	-	
5048	wedding mints (LS)	C						×		メ								The second second
5049	_	C						4		×								
	, ,																	
		-																
Commente speci	Comments special lastructions or temporature requirements:		NAME AND ADDRESS OF TAXABLE PARTY AND ADDRESS														CONTENTION OF THE PERSON OF THE PERSON	AND DESCRIPTIONS

comments, special monactions, or temperature requirifications.

Signature: Md CMaff Date: 12/9/22 Signature: Signature:	Samples collected by (print): Seth 18-18-18 Parts - Ward -

<sup>\*</sup>Potency analysis tests Δ-9-THC, THCA, CBD, CBG, CBN, CBDA, THCV, CBDV, CBC, CBGA, exoTHC, Δ-8-THC

<sup>\*\*</sup>Sample types: fresh flower, dried flower, trim, concentrate, CO<sub>2</sub>/solvent based concentrate, edible, capsule, tincture, or 'other'

<sup>\*\*\*</sup>For edibles, tinctures, and capsules please include serving size and servings per package information for accurate reporting.



# Maine Medical Use of Marijuana Program Trip Ticket

The following information is required as proof of authorized conduct anytime a registered caregiver, registered dispensary, marijuana testing facility, or manufacturing facility transports marijuana or marijuana products for medical use. This form must accompany the marijuana or marijuana products. For more information: <a href="https://www.maine.gov/dafs/omp/medical-use/applications-forms">https://www.maine.gov/dafs/omp/medical-use/applications-forms</a>.

<b>SECTION 1: Transferring Registra</b>	nt			
This section must be completed by the transferring registr				
Legal Name		Registry Identifica	tion Card Number	
Seth Bristol		CGE3781		
Legal Name of Registration Certificate Holder, if applicable	egal Name of Registration Certificate Holder, if applicable		Registration Certificate Number, if applicable	
<b>SECTION 2: Receiving Patient or</b>	Registrant			
This section must be completed anytime marijuana or mar	rijuana products for me	dical use are transpo	orted, including patient del	ivery and when a registered
caregiver, registered dispensary, marijuana testing facility, locations to a different registered location.	, or manufacturing facil	ity is transporting m	arijuana or marijuana prod	ucts from one of its registered
This section must be completed by the transferring registrant.				
Patient Identification Number/Medical Certification Number (DO NOT LIST NAME)				
	•	•		
OR				
Legal Name		Registration Identification Card Number		
Legal Name of Registration Certificate Holder, if applicable		Registration Certificate Number, if applicable		
SECTION 3: Description of Marijuana or Marijuana Products Transported				
For each item transported, provide the amount (weight or units), product type (flower, wax, cartridges, etc.), and strain or other further identifying information of				
the marijuana or marijuana products.				
This section must be completed by the transferring registrant.				
Concentrate sample (2)				
<b>SECTION 4: Departure Information</b>	on			
This section must be completed by the transferring registr				
Start Date	ant.	Start Time		
12/9/22		1:40pm		
Departure Address (Physical)	City	State		ZIP
17 White Birch Lane	York	ME		03909
SECTION 5: Destination Information				
This section must be completed by the transferring registric Destination Address (Physical)				
	City	State ME		ZIP
19 Levesque Drive #3	Eliot			03903
<b>SECTION 6: Receiving Registratio</b>	n Signature a	nd Acknow	ledgement of F	Receipt
This form is incomplete without a signature by the receiving registrant listed in Section 2. If the person listed in section 2 is a patient, no signature is required.				
This section must be completed by the receiving registrar				
Printed name of Receiving Registrant Email Address			Phone Number	
	ww.catlabllc.com		207-200-9950	]
Date Received 12/9/22		Time Received 2:00 Pt	7	
Signatule				