



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

## Certificate of Analysis

<b>Client Name</b>	Curaleaf	<b>License Number</b>	DSP105
<b>Address</b>	5 Drapeau St Suit 101 Biddeford ME 04005	<b>Phone</b>	207-815-3020
<b>Order ID</b>	1758	<b>Sample Type</b>	Dried Flower
<b>Sample ID</b>	06511	<b>Strain</b>	F1223H2230312ICC
<b>METRC Sample ID</b>		<b>Serving Mass (g)/ Package</b>	/
<b>Date Received</b>	04/10/2023	<b>Collected Sample Weight</b>	11.3g
<b>Date/Time of Collection</b>	04/10/2023 10:00 AM	<b>Collected By</b>	Thomas Begin
		<b>Date Generated</b>	04/19/2023

### Summary of Results

Water Activity Profile	
All Results	Pass

Filth and Foreign Materials Screening	
All Results	Pass

Microbiological Screening	
All Results	Pass

Moisture Screening	
All Results	Pass

Heavy Metals Screening	
All Results	Pass

Pesticides Screening	
All Results	Pass

Potency Profile	
Cannabinoid	Result mg/g
CBDV	< RL
THCV	0.192
CBDA	0.488
CBD	< RL
CBG	0.886
CBN	< RL
CBGA	6.06
CBC	< RL
exoTHC	< RL
Δ9-THC	3.60
Δ8THC	< RL
THCA	201
Total Cannabinoids %	21.2
Total CBD mg/g	0.428
Total THC mg/g	180
Total CBD %	0.0428
Total THC %	18.0

**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 Cannabis Policy (OCP). Total THC = Δ9-THC + (THCA x 0.877). Total CBD = CBD + (CBDA x 0.877).

## Summary of Results

Terpenes Profile	
Terpene	Result %
α-Pinene	0.056
Camphene	0.0094
β-Pinene	0.058
β-myrcene	0.025
δ3-carene	< RL
α-Terpinene	< RL
D-Limonene	0.28
p-Cymene	< RL
Eucalyptol	< RL
Ocimene	0.019
γ-Terpinene	< RL
Terpinolene	0.0053
Linalool	0.17
Isopulegol	0.0083
Geraniol	0.035
β-Caryophyllene	0.52
α-Humulene	0.16
cis-Nerolidol	0.29
trans-Nerolidol	0.45
Guaiol	0.080
Caryophyllene Oxide	0.30
α-Bisabolol	0.28
Total Terpenes (%)	2.8

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### Potency

**Date Analyzed:** 04/17/23  
**Instrument:** UPLC CAT-0002/CAT-0151

**Prep Date:** 04/14/23  
**Method:** SOP-QA-0016

**Analyst:** RW

Potency	Result %	Result (mg/g)	Result (mg/package)	RL (%)	RL (mg/g)
CBDV	< RL	< RL	N/A	0.0101	0.101
THCV	< RL	< RL	N/A	0.0101	0.101
CBDA	0.0488	0.488	N/A	0.0101	0.101
CBD	< RL	< RL	N/A	0.0101	0.101
CBG	0.0886	0.886	N/A	0.0101	0.101
CBN	< RL	< RL	N/A	0.0101	0.101
CBGA	0.606	6.06	N/A	0.0101	0.101
CBC	< RL	< RL	N/A	0.0101	0.101
exoTHC	< RL	< RL	N/A	0.0101	0.101
Δ9-THC	0.360	3.60	N/A	0.0101	0.101
Δ8THC	< RL	< RL	N/A	0.0101	0.101
THCA	20.1	201	N/A	0.0101	0.101

CRM failure for THC > 120%. SD failure for THC, 22.8%. Flag required.

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		<b>Date Generated</b>	04/19/2023

### Terpenes

**Date Analyzed:** 4/17/23  
**Instrument:** CAT-0114

**Prep Date:** 4/14/23  
**Method:** SOP QA-0032

**Analyst:** RW

Terpenes	Result (% weight)	RL (% weight)
α-Pinene	0.056	0.0050
Camphene	0.0094	0.0050
β-Pinene	0.058	0.0050
β-myrcene	0.025	0.0050
δ3-carene	< RL	0.0050
α-Terpinene	< RL	0.0050
D-Limonene	0.28	0.0050
p-Cymene	< RL	0.0050
Eucalyptol	< RL	0.0050
Ocimene	0.019	0.0050
γ-Terpinene	< RL	0.0050
Terpinolene	0.0053	0.0050
Linalool	0.17	0.0050
Isopulegol	0.0083	0.0050
Geraniol	0.035	0.025
β-Caryophyllene	0.52	0.0050
α-Humulene	0.16	0.0050
cis-Nerolidol	0.29	0.0054
trans-Nerolidol	0.45	0.0029
Guaiol	0.080	0.0050
Caryophyllene Oxide	0.30	0.0050
α-Bisabolol	0.28	0.0050

QC failure for some analytes of interest.

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### Pesticides

**Date Analyzed:** 4/18/23  
**Instrument:** CAT-0162

**Prep Date:** 4/13/23  
**Method:** SOP QA-0040

**Analyst:** LCH

Analyte	Finding (PPB)	LOQ (PPB)	Limit (PPB)	Pass/Fail	Analyte	Finding (PPB)	LOQ (PPB)	Limit (PPB)	Pass/Fail
Abamectin	< RL	403	500	Pass	Etofenprox	< RL	78.1	400	Pass
Acephate	< RL	55.6	400	Pass	Etoxazole	< RL	61.2	200	Pass
Acequinocyl	< RL	1150	2000	Pass	Fenoxycarb	< RL	89.9	200	Pass
Acetamiprid	< RL	31.2	200	Pass	Fenpyroximate	< RL	83.1	400	Pass
Aldicarb	< RL	31.2	400	Pass	Fipronil	< RL	112	400	Pass
Azoxystrobin	< RL	33.2	200	Pass	Flonicamid	< RL	31.2	1000	Pass
Bifenazate	< RL	31.2	200	Pass	Fludioxonil	< RL	62.5	400	Pass
Bifenthrin	< RL	96.5	200	Pass	Hexythiazox	< RL	54.3	1000	Pass
Boscalid	< RL	42.9	400	Pass	Imazalil	< RL	87.3	200	Pass
Carbaryl	< RL	37.0	200	Pass	Imidacloprid	< RL	39.8	400	Pass
Carbofuran	< RL	31.2	200	Pass	Kresoxim-methyl	< RL	53.6	400	Pass
Chlorantraniliprole	< RL	92.2	200	Pass	Malathion	< RL	66.0	200	Pass
Chlorfenapyr	< RL	919	1000	Pass	Metalaxyl	< RL	56.4	200	Pass
Chlorpyrifos	< RL	74.5	200	Pass	Methiocarb	< RL	31.2	200	Pass
Clofentezine	< RL	56.7	200	Pass	Methomyl	< RL	31.2	400	Pass
Cyfluthrin	< RL	798	1000	Pass	Methyl parathion	< RL	193	200	Pass
Cypermethrin	< RL	196	1000	Pass	MGK-264 <sup>2</sup>	< RL	70.2	200	Pass
Daminozide	< RL	329	1000	Pass	Myclobutanil	< RL	37.3	200	Pass
DDVP (Dichlorvos)	< RL	31.2	1000	Pass	Naled	< RL	42.2	500	Pass
Diazinon	< RL	55.3	200	Pass	Oxamyl	< RL	31.2	1000	Pass
Dimethoate	< RL	39.9	200	Pass	Paclobutrazol	< RL	52.5	400	Pass
Ethoprophos	< RL	33.9	200	Pass					

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### Pesticides

**Date Analyzed:** 4/18/23  
**Instrument:** CAT-0162

**Prep Date:** 4/13/23  
**Method:** SOP QA-0040

**Analyst:** LCH

Analyte	Finding (PPB)	LOQ (PPB)	Limit (PPB)	Pass/Fail
Permethrin <sup>3</sup>	< RL	199	200	Pass
Phosmet	< RL	55.8	200	Pass
Piperonyl butoxide	< RL	59.0	2000	Pass
Prallethrin	< RL	103	200	Pass
Propiconazole	< RL	59.5	400	Pass
Propoxur	< RL	31.2	200	Pass
Pyrethrins <sup>1</sup>	< RL	248	1000	Pass
Pyridaben	< RL	59.8	200	Pass
Spinosad <sup>4</sup>	< RL	62.4	200	Pass
Spiromesifen	< RL	62.5	200	Pass
Spirotetramat	< RL	37.5	200	Pass
Spiroxamine	< RL	37.9	400	Pass
tebuconazole	< RL	69.2	400	Pass
Thiacloprid	< RL	31.2	200	Pass
Thiamethoxam	< RL	62.6	200	Pass
Trifloxystrobin	< RL	59.3	200	Pass

#### Disclaimer:

1. Pyrethrin is measured as cumulative residues of Pyrethrin, Cinerin, and Jasmolin (CAS # 8003-34-7).
2. MGK-264 is measured as cumulative residue of MGK-264 A and MGK-264 B (CAS # 113-48-4).
3. Permethrin is measured as cumulative residue of cis- and trans- permethrin isomers. (CAS # 54774-45-7 and 51877-74-8, respectively).
4. Spinosad is a measured as cumulative residue of Spinosad A and Spinosad D (CAS # 168316-95-8 and 131929-60-7, respectively).

QC samples outside criteria for the following analytes: Acequinocyl high bias in CCVs Acequinocyl and spiromesifen high bias in LCS Acequinocyl, chlorfenapyr, cyfluthrin, daminozide, etofenprox, fipronil, spiromesifen in spiked matrix sample

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### Heavy Metals

**Date Analyzed:** 4/14/23  
**Instrument:** CAT-0093

**Prep Date:** 4/13/23  
**Method:** SOP-QA-0030

**Analyst:** ITG

Metals	Result (ug/kg)	RL (ug/kg)	Action Level (ug/kg)	Pass/Fail
Arsenic	< RL	84.7	200	Pass
Cadmium	< RL	55.9	200	Pass
Lead	< RL	24.7	500	Pass
Mercury	< RL	4.89	100	Pass

### Microbial Analysis

**Prep Date Bacteria:** 4/12/23  
**Date Analyzed Bacteria:** 4/13/23  
**Instrument:** CAT-0140, CAT-0152

**Prep Date Ecoli/SLM:** 4/12/23  
**Date Analyzed Ecoli/SLM:** 4/14/23  
**Method:** SOP-QA-0028, SOP-QA-0038

**Prep Date Yeast and Mold:** 4/12/23  
**Date Analyzed Yeast and Mold:** 4/15/23  
**Analyst:** KW

Contaminants	Result (CFU/g)	RL (CFU/g)	Action Level (CFU/g)	Pass/Fail
Total Aerobic	100	100	100,000	Pass
Total Yeast/Mold	1900	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

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### Filth and Foreign Materials

**Date Analyzed:** 04/18/23  
**Instrument:** Visual Inspection

**Prep Date:** 04/18/23  
**Method:** SOP-QA-0018

**Analyst:** JG/IG

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:** 4/12/23  
**Instrument:** Rotronic CAT-0020

**Prep Date:** 4/12/23  
**Method:** SOP-QA-0012

**Analyst:** ITG/JG

Analyte	Finding (Aw)	RL (Aw)	Action Level (Aw)	Pass/Fail
Water Activity	0.44	0.11	0.65	Pass

### Moisture Content

**Date Analyzed:** 04/17/23  
**Instrument:** Satorius CAT-0036

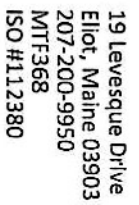
**Prep Date:** 04/17/23  
**Method:** SOP-QA-0019

**Analyst:** JG/IG

Analyte	Finding (%)	RL (%)
Moisture Content	9.8	6.0

Deisy Peña-Romero Lab Director

1758  
Order

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

Report To: Cathryn Kloetzli, Chris Illies, Amanda Leach  
Cultivator or Mfg Name: Curaleaf

Email Address (for results): [cathryn.kloetzi@curealeaf.com](mailto:cathryn.kloetzi@curealeaf.com)

[christopher.jiles@curateaf.com](mailto:christopher.jiles@curateaf.com)

**New Customer Information**  
amanda.leach@curaleaf.com

Address: 5 Drapeau St. Suite 101

City, State: Biddeford, ME 04005

Zip Code: 207.815.3020 X4157

**Phone:**

**Billing Address (if different):** same

DSP105 (Medical)

ACD863 (Adult Use)

### Analyses Requested

### Submittal Type

Adult Use: \_\_\_\_\_ R&D: \_\_\_\_\_ Medical: X

Personal/Other: \_\_\_\_\_

[illegible]

Comments, special instructions, or temperature requirements:

~~X~~ Please Accuse Day Wengert Forestry.

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

**\*\*For edibles, tinctures, and capsules please include serving size and servings per package information**

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

Samples collected by (print): Thomas Begin, RIC16839

Signature: 

Date: 4/10/28

Received in field by (print):

**Signature:**

Received at Lab by (print): \_\_\_\_\_

**Signature:**

QSD-0058 REV10 CJ 102122

[illegible]



# OFFICE OF MARIJUANA POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

CATLAB COPY

## 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.

Pursuant to 22 M.R.S. §2430-G, a registered caregiver, a registered dispensary, a marijuana testing facility, and a manufacturing facility shall keep a record of transfers of marijuana and marijuana products. All books and records maintained by the registered caregiver, registered dispensary, marijuana testing facility, or manufacturing facility must be kept for a period of seven years.

A registered caregiver, registered dispensary, marijuana testing facility, or manufacturing facility transporting marijuana or marijuana products must carry three copies of this Trip Ticket during the transportation of marijuana or marijuana product to another registrant or separate registered location. One copy must be provided to the receiving registrant. One copy must be kept by the transferring registrant for record keeping purposes. A final copy must be provided to law enforcement, if requested. For patient delivery, two copies are required. One copy must be kept by the transferring registrant for record keeping and a second copy must be provided to law enforcement, if requested.

### SECTION 1: Transferring Registrant

This section must be completed by the transferring registrant.

Legal Name Ron Harrison	Registry Identification Card Number RIC16474
Legal Name of Registration Certificate Holder, if applicable Maine Organic Therapy	Registration Certificate Number, if applicable DSP105

### SECTION 2: Receiving Patient or Registrant

This section must be completed anytime marijuana or marijuana products for medical use are transported, including patient delivery and when a registered caregiver, registered dispensary, marijuana testing facility, or manufacturing facility is transporting marijuana or marijuana products from one of its registered locations to a different registered location.

This section must be completed by the transferring registrant.

Patient Identification Number/Medical Certification Number (DO NOT LIST NAME)

OR

Legal Name CatLab, LLC	Registration Identification Card Number MTF368
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.

11.3 g - FLOWER - IceCreamCake - 1 pkg 12.0 g - FLOWER - GrandSlam - 1 pkg

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#### SECTION 4: Departure Information

This section must be completed by the transferring registrant.

Start Date	4-10-23	Start Time	10:55				
Departure Address (Physical)	5 Drapeau St	City	Biddeford	State	ME	ZIP	04005

#### SECTION 5: Destination Information

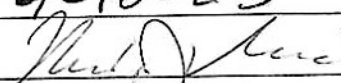
This section must be completed by the transferring registrant.

Destination Address (Physical)	19 Levesque Drive	City	Eliot	State	ME	ZIP	03903
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#### SECTION 6: Receiving Registration Signature and Acknowledgment of 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 registrant.

Printed Name of Receiving Registrant	Joe Geddis	Email Address		Phone Number	200-9950
Date Received	4-10-23	Time Received	3:00pm		
Signature					

# Sample Receipt Condition Report

CATLAB, LLC

Order ID: 1758

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	<u>2</u>	<u>2</u>	<u>Percent Moisture test</u>
Trim			
Pre-Roll			
Infused Pre-Roll			
Retail Units			
Concentrate			
Infused Edibles			
Solid Batch			
Liquid Batch			

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

JF

Initials/Date: JF 4/10/23

Notes/Comments:

Reviewer's Checklist	
<input checked="" type="checkbox"/> Client ID/Contact	If Adult Use:
<input checked="" type="checkbox"/> Reporting Instructions	<u>  </u> Logged in Metric
<input checked="" type="checkbox"/> Rushes Communicated	<u>  </u> Transfer Manifest
<input checked="" type="checkbox"/> Temp, Condition OK	If CATLAB Samples:
<input checked="" type="checkbox"/> Sample ID/Date/Time	<u>  </u> Sampling Form
<input checked="" type="checkbox"/> Matrix	<u>  </u> Attestation Form
<input checked="" type="checkbox"/> TAT Correct	
<input checked="" type="checkbox"/> Correct Analyses	
Initials: <u>IG</u> Date: <u>4.13.23</u>	