

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

DSP105



Collection

Certificate of Analysis

Client Name Curaleaf License Number

Address 5 Drapeau St Suit Phone 207-815-3020

101 Sample Type Dried Flower Biddeford ME 04005

Order ID 1844 Strain F12 23H2 230312NOV

Sample ID 06784 Serving Mass (g)/

METRC Sample ID Package

Date Received 04/26/2023 Collected Sample Weight 11.1g

Date/Time of O4/25/2023 08:20 AM Collected By Thomas Begin

Date Generated 07/20/2023

Summary of Results

Water Activity Profile						
All Results Pass						

Filth and Foreign Mate	erials 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	0.217				
CBDA	0.949				
CBD	< RL				
CBG	0.703				
CBN	< RL				
CBGA	4.59				
CBC	0.165				
exoTHC	< RL				
Δ9-THC	7.08				
Δ8ΤΗC	< RL				
THCA	248				
Total Cannabinoids %	26.2				
Total CBD mg/g	0.832				
Total THC mg/g	225				
Total CBD %	0.0832				
Total THC %	22.5				

Summary of Results

Terpenes Profile					
<u>Terpene</u>	Result %				
α-Pinene	0.039				
Camphene	0.0087				
β-Pinene	0.049				
β-myrcene	0.30				
δ 3-carene	< RL				
α-Terpinene	< RL				
D-Limonene	0.33				
p-Cymene	< RL				
Eucalyptol	< RL				
Ocimene	0.083				
y-Terpinene	< RL				
Terpinolene	< RL				
Linalool	0.051				
Isopulegol	0.0096				
Geraniol	< RL				
β-Caryophyllene	0.31				
α-Humulene	0.14				
cis-Nerolidol	0.26				
trans-Nerolidol	0.37				
Guaiol	< RL				
Caryophyllene Oxide	0.16				
α-Bisabolol	0.19				
Total Terpenes (%)	2.3				



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

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Certificate of Analysis

Client Name Curaleaf License Number DSP105

Address 5 Drapeau St Suit 101 Sample Type 207-815-3020 Dried Flower

101 Sample Type Dried Flower
Biddeford ME 04005 F12 23H2

 Order ID
 1844
 Strain
 F12 23 HZ

 230312NOV

Sample ID 06784 Serving Mass (g)/
METRC Sample ID Package

Date Received 04/26/2023 Collected Sample Weight 11.1g

Date/Time of O4/25/2023 08:20 AM Collected By Thomas Begin Date Generated 07/20/2023

Potency

CATLAB. LLC

 Date Analyzed: 05/02/23
 Prep Date: 05/01/23

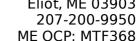
 Instrument: UPLC CAT-0002/CAT-0151
 Method: SOP-QA-0016
 Analyst: AC

Potency	Result %	Result (mg/g)	Result (mg/package)	RL (%)	RL (mg/g)
CBDV	< RL	< RL	N/A	0.0101	0.101
THCV	0.0217	0.217	N/A	0.0101	0.101
CBDA	0.0949	0.949	N/A	0.0101	0.101
CBD	< RL	< RL	N/A	0.0101	0.101
CBG	0.0703	0.703	N/A	0.0101	0.101
CBN	< RL	< RL	N/A	0.0101	0.101
CBGA	0.459	4.59	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-ΤΗС	0.708	7.08	N/A	0.0101	0.101
Δ8ΤΗC	< RL	< RL	N/A	0.0101	0.101
THCA	24.8	248	N/A	0.0101	0.101

CRM failure for THC > 120%. Flag required.



19 Levesque Dr. #3 Eliot, ME 03903





Certificate of Analysis

License Number DSP105 Client Name Curaleaf

Phone 207-815-3020 **Address** 5 Drapeau St Suit 101

Sample Type **Dried Flower** Biddeford ME 04005 F12 23H2

Strain **Order ID** 1844 230312NOV

Serving Mass (g)/ Sample ID 06784 **Package**

METRC Sample ID Collected Sample Weight 11.1g **Date Received** 04/26/2023

Collected By Thomas Begin Date/Time of

04/25/2023 08:20 AM Collection **Date Generated** 07/20/2023

Terpenes

Date Analyzed: 5/2/23 Prep Date: 5/1/23 Instrument: CAT-0114 Method: SOP QA-0032 Analyst: RW

Terpenes	Result (% weight)	RL (% weight)
α-Pinene	0.039	0.0050
Camphene	0.0087	0.0050
β-Pinene	0.049	0.0050
β-myrcene	0.30	0.0050
δ 3-carene	< RL	0.0050
α-Terpinene	< RL	0.0050
D-Limonene	0.33	0.0050
p-Cymene	< RL	0.0050
Eucalyptol	< RL	0.0050
Ocimene	0.083	0.0050
y-Terpinene	< RL	0.0050
Terpinolene	< RL	0.0050
Linalool	0.051	0.0050
Isopulegol	0.0096	0.0050
Geraniol	< RL	0.025
β-Caryophyllene	0.31	0.0050
α-Humulene	0.14	0.0050
cis-Nerolidol	0.26	0.0054
trans-Nerolidol	0.37	0.0029
Guaiol	< RL	0.0050
Caryophyllene Oxide	0.16	0.0050
α-Bisabolol	0.19	0.0050

QC failure for some analytes of interest.



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ME OCP: MTF368

Certificate of Analysis

Client Name Address

5 Drapeau St Suit

Biddeford ME 04005

Order ID Sample ID

METRC Sample ID

Date Received

Date/Time of Collection

Curaleaf

101

1844 06784

04/26/2023

04/25/2023 08:20 AM

License Number DSP105

Phone 207-815-3020

Sample Type **Dried Flower**

F12 23H2 Strain 230312NOV

Serving Mass (g)/

Package

Collected Sample Weight 11.1g

Collected By Thomas Begin

Analyst: LCH

Date Generated 07/20/2023

Pesticides

Date Analyzed: 5/1/23 **Prep Date:** 4/28/23 Instrument: CAT-0162 Method: SOP QA-0040

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



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Certificate of Analysis

License Number DSP105 Client Name Curaleaf

207-815-3020 Phone **Address** 5 Drapeau St Suit

101 Sample Type **Dried Flower** Biddeford ME 04005

F12 23H2 Strain 1844 **Order ID** 230312NOV

Serving Mass (g)/ Sample ID 06784 **Package**

METRC Sample ID

Collected Sample Weight 11.1q**Date Received** 04/26/2023

Collected By Thomas Begin Date/Time of 04/25/2023 08:20 AM Collection 07/20/2023 **Date Generated**

Pesticides

Date Analyzed: 5/1/23 **Prep Date:** 4/28/23 Instrument: CAT-0162 Method: SOP OA-0040 Analyst: LCH

Analyte	Finding (PPB)	LOQ (PPB)	Limit (PPB)	Pass/Fail
Oxamyl	< RL	31.2	1000	Pass
Paclobutrazol	< RL	52.5	400	Pass
Permethrin ³	< 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 ¹	< RL	248	1000	Pass
Pyridaben	< RL	59.8	200	Pass
Spinosad ⁴	< 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).
- 5. Abamectin is measured as cumulative residues of Abamectin B1a and Abamectin B1b (CAS #71751-41-2)

Note: QC samples presented analytes outside criteria in CCV (high bias for acequinocyl, cyfluthrin, etofenprox, and flonicamid), LCS, and spiked matrix sample.



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Certificate of Analysis

Client Name Curaleaf License Number DSP105

Address 5 Drapeau St Suit Phone 207-815-3020

101 Sample Type Dried Flower
Biddeford ME 04005

Order ID 1844 Strain F12 23H2 230312NOV

Sample ID 06784 Serving Mass (g)/
Package

METRC Sample ID

Date Received 04/26/2023 Collected Sample Weight 11.1g

Date/Time of 04/25/2023 08:20 AM Collected By Thomas Begin

Collection Date Generated 07/20/2023

Heavy Metals

Date Analyzed: 5/1/23 Prep Date: 4/28/23
Instrument: CAT-0093 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: 4/27/23 Prep Date Ecoli/SLM: 4/27/23 Prep Date Yeast and Mold: 4/28/23

Date Analyzed Bacteria: 4/28/23 Date Analyzed Ecoli/SLM: 4/28/23 Date Analyzed Yeast and Mold: 5/1/23

Instrument: CAT-0140, CAT-0152 Method: SOP-QA-0028, SOP-QA-0038 Analyst: KW

Contaminants	Result (CFU/g)	RL (CFU/g)	Action Level (CFU/g)	Pass/Fail
Total Aerobic	< RL	100	100,000	Pass
Total Yeast/Mold	330	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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Certificate of Analysis

Client Name Curaleaf License Number DSP105

Address 5 Drapeau St Suit 101 Phone 207-815-3020 Sample Type Dried Flower

Biddeford ME 04005 F12 23H2

 Order ID
 1844
 Strain
 F12 2302

 230312NOV

Sample ID 06784 Serving Mass (g)/
Package

METRC Sample ID

Date Received 04/26/2023 Collected Sample Weight 11.1g

Date/Time of O4/25/2023 08:20 AM Collected By Thomas Begin Date Generated 07/20/2023

Filth and Foreign Materials

Date Analyzed: 05/01/23Prep Date: 05/01/23Instrument: Visual InspectionMethod: SOP-QA-0018Analyst: 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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ME OCP: MTF368

Certificate of Analysis

License Number DSP105 Client Name Curaleaf **Phone** 207-815-3020 **Address** 5 Drapeau St Suit **Dried Flower Sample Type Biddeford ME 04005** F12 23H2 Strain **Order ID** 1844 230312NOV Serving Mass (g)/ Sample ID 06784 **Package METRC Sample ID Collected Sample Weight** 11.1g **Date Received** 04/26/2023 **Collected By** Thomas Begin Date/Time of 04/25/2023 08:20 AM

Date Generated 07/20/2023

Analyst: ITG/JG

Water Activity

Collection

Date Analyzed: 4/28/23 Prep Date: 4/28/23 Instrument: Rotronic CAT-0020 Method: SOP-QA-0012

Analyte	Finding (Aw)	RL (Aw)	Action Level (Aw)	Pass/Fail
Water Activity	0.42	0.11	0.65	Pass

Moisture Content

Date Analyzed: 05/03/23 Prep Date: 05/03/23

Instrument: Satorius CAT-0036 Method: SOP-QA-0019 Analyst: JG/IG

Analyte	Finding (%)	RL (%)
Moisture Content	8.1	6.0

Deisy Peña-Romero Lab Director

CATLAB, LLC CHAIN OF CUSTODY RECORD

Page 1 of 1



19 Levesque Drive

Report To:	Cathryn K	Joetzli, C	hris Illes	Cathryn Kloetzli, Chris Illes, Amanda Leach
Cultivator or	Cultivator or Mfg Name: C	Curaleaf	af	T T

5 Drangan of Chita 1			IC 150 #112380	207-200-9950 MTF368	Eliot, Maine 03903
5 Drappon of Cuito 101 Billing Address (if different)	New Customer Information amanda.leach@curaleaf.com	chustopher.iles(o)curaleaf.com	Email Address (for results): cathryn.kloetzli@curaleaf.com	Cultivator or Mfg Name: Curaleaf	Report To: Cathryn Kloetzli, Chris Illes, Amanda Leach
	Analyses Requested		Personal/Other:	Adult Use: R&D: Medical: X	Submital Type

		New Customer Information	Information		da.leach	amanda.leach@curaleaf.com	af.com	Ī			₽	alys	S Rec	Analyses Requested	ed			
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7 9	Signature: A later Date: 4/76/23	Samples collected by (print): Thomas Begin, RIC16839	***Potency analysis tests Δ-9-ТНС, ТНСА, СВD, СВG, СВN, СВDA, ТНСV, СВDV, СВС, СВGA, ехоТНС, Δ-8-ТНС	**For edibles, tinctures, and capsules please include serving size and servings per package information	
	Signature:	Received at Lab by (print):	Signature:	Received in field by (print):	
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QSD-0058 REV10 CJ 102122	Time: U. V. J.	Date: 4/20/23	Time:	Date:	

CATLAB

Start Date $4-76-23$		Start Time	40	
Departure Address (Physical) 5 Drapeau St	City	Biddeford	State ME	ZIP 04005
SECTION 5: Destination Inf				
Destination Address (Physical)	City		State	ZIP
19 Levesque Drive		Eliot	ME	03903
SECTION 6: Receiving Regis This form is incomplete without a signature by t required. This section must be completed by the receiving	he receiving registrant li- registrant.	sted in Section 2. If the	erson listed in Sectio	n 2 is a patient, no signature is
Printed Name of Receiving Registrant	Email Address		Phone Number	50-9950
Date Received 4-26-23	0	Time Received		

Sample Receipt Condition Report CATLAB, LLC Order 10: 186/6/ 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 ₹ Trim Pre-Roll Infused Pre-Roll Retail Units Concentrate Infused Edibles Solid Batch Liquid Batch Proper Sample Containers/Enough Sample? N / NA Comments: Analysis Marked on COC Match Bottles Rec'v? (N / NA Comments: Date/Time/ID on Samples Match COC? YY N / NA Comments: Rushes Communicates to analyst in writing? Y / N / NA) Comments: Sample tampered, manipulated, adulterated or contaminated? Y/NA Comments: AUMP Sample size by Batch Size OK? Y / N / NA Comments: Samples collected in the manner required by OMP? Y / N / NA | Comments: Transport Manifest Received? Y / N / NA Comments: Samples Received in Metrc? Y/N/NA |Comments: Initials/Date: Notes/Comments: Reviewer's Checklist Client ID/Contact If Adult Use: Reporting Instructions __ Logged in Metrc _Rushes Communicated __ Transfer Manifest ∠Temp, Condition OK If CATLAB Samples: ∠Sample ID/Date/Time _ Sampling Form - Matrix __Attestation Form __TAT Correct Initials: DPROate: 4/28/23

_Correct Analyses

AUMP Confirmation of Sample Size Received

SI-ID:	Amount Collected	Amount Rec'v	Sample ID:	Amount Collected	Amoun Rec'v
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AUMP Disposal Documentation

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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	Registry Identification Card Number		
Ron Harrison	RIC16474		
Legal Name of Registration Certificate Holder, if applicable	Registration Certificate Number, if applicable		
Maine Organic Therapy	DSP105		
SECTION 2: Receiving Patient or Registra This section must be completed anytime marijuana or marijuana produ registered caregiver, registered dispensary, marijuana testing facility, o 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	acts for medical use are transported, including patient delivery and when a r manufacturing facility is transporting marijuana or marijuana products from		
Legal Name			
CatLab,LLC	Registration Identification Card Number		
Oatcab, LEO	MTF368		
Legal Name of Registration Certificate Holder, if applicable	Registration Certificate Number, if applicable		
This section must be completed by the transferring registrant.	act type (flower, wax, cartridges, etc.), and strain or other further identifying		
11.1 g - FLOWER - Novarine - 1 pkg 11.5 g - FLOV	VER - StarberryBlonde - 1 pkg		

X-TRA

This section must be completed by the trans Start Date 4 - Zh - Z 3		Start Time 8	:40			
Departure Address (Physical) 5 Drapeau St	City	Biddeford	State ME	ZIP 04005		
SECTION 5: Destination 1 This section must be completed by the trans						
Destination Address (Physical) 19 Levesque Drive	City	Eliot	State ME	03903		
SECTION 6: Receiving Re This form is incomplete without a signature required.	egistration Signat by the receiving registrant lis	ure and Ackn ted in Section 2. If the p	owledgment person listed in Section	t of Receipt on 2 is a patient, no signature is		
This section must be completed by the recei	iving registrant,					
Printed Name of Receiving Registrant	Email Address		Phone Number	Phone Number ZOO-9950		
Date Received		Time Received				
Signature						