

Certificate of Analysis

Client Name	Curaleaf	License Number	DSP105
Address	5 Drapeau St Suit 101	Phone	207-815-3020
	Biddeford ME 04005	Sample Type	Dried Flower
Order ID	1850	Strain	F8 23H2 230408CRE
Sample ID	06811	Serving Mass (g)/ Package	/
METRC Sample ID		Collected Sample Weight	11.1g
Date Received	04/27/2023	Collected By	Thomas Begin
Date/Time of Collection	04/27/2023 08:30 AM	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 Scr	eening						
All Results	Pass						
Heavy Metals S	creening						
All Results	Pass						
Pesticides Screening							

Pass

All Results

Potency Profile				
<u>Cannabinoid</u>	Result mg/g			
CBDV	< RL			
THCV	< RL			
CBDA	0.424			
CBD	< RL			
CBG	0.756			
CBN	< RL			
CBGA	3.23			
CBC	< RL			
exoTHC	< RL			
Δ9-THC	3.42			
Δ8THC	< RL			
ТНСА	199			
Total Cannabinoids %	20.7			
Total CBD mg/g	0.372			
Total THC mg/g	178			
Total CBD %	0.0372			
Total THC %	17.8			

Summary of Results

Terpenes	Terpenes Profile				
Terpene	Result %				
α-Pinene	0.021				
Camphene	0.0071				
β-Pinene	0.036				
β-myrcene	0.25				
δ3-carene	< RL				
α-Terpinene	< RL				
D-Limonene	0.20				
p-Cymene	< RL				
Eucalyptol	< RL				
Ocimene	< RL				
y-Terpinene	< RL				
Terpinolene	< RL				
Linalool	0.071				
Isopulegol	0.014				
Geraniol	0.063				
β-Caryophyllene	0.48				
α-Humulene	0.14				
cis-Nerolidol	0.24				
trans-Nerolidol	0.32				
Guaiol	0.034				
Caryophyllene Oxide	0.17				
α-Bisabolol	0.19				
Total Terpenes (%)	2.3				



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Potency

Date Analyzed: 05/02/23 Instrument: UPLC CAT-0002/CAT-0151		Prep Date: 05/01/23 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	< RL	< RL	N/A	0.0101	0.101
CBDA	0.0424	0.424	N/A	0.0101	0.101
CBD	< RL	< RL	N/A	0.0101	0.101
CBG	0.0756	0.756	N/A	0.0101	0.101
CBN	< RL	< RL	N/A	0.0101	0.101
CBGA	0.323	3.23	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	0.342	3.42	N/A	0.0101	0.101
Δ8ΤΗΟ	< RL	< RL	N/A	0.0101	0.101
THCA	19.9	199	N/A	0.0101	0.101

CRM failure for THC > 120%. Flag required.



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Terpenes

Date Analyzed: 5/2/23 Instrument: CAT-0114	Prep Date: 5/1/23 Method: SOP QA-0032	Analyst: RW
Terpenes	Result (% weight)	RL (% weight)
α-Pinene	0.021	0.0050
Camphene	0.0071	0.0050
β-Pinene	0.036	0.0050
β-myrcene	0.25	0.0050
δ3-carene	< RL	0.0050
α-Terpinene	< RL	0.0050
D-Limonene	0.20	0.0050
p-Cymene	< RL	0.0050
Eucalyptol	< RL	0.0050
Ocimene	< RL	0.0050
y-Terpinene	< RL	0.0050
Terpinolene	< RL	0.0050
Linalool	0.071	0.0050
lsopulegol	0.014	0.0050
Geraniol	0.063	0.025
β-Caryophyllene	0.48	0.0050
α-Humulene	0.14	0.0050
cis-Nerolidol	0.24	0.0054
trans-Nerolidol	0.32	0.0029
Guaiol	0.034	0.0050
Caryophyllene Oxide	0.17	0.0050
α-Bisabolol	0.19	0.0050

QC failure for some analytes of interest.

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 = D-9-THC + (THCA x 0.877). Total CBD = CBD + (CBDA x 0.877).



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Pesticides

Date Analyzed: 5/ Instrument: CAT-0	-		•	ate: 4/28 d: SOP QA	-	An	alyst: LCH		
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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Pesticides

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

Date Analyzed: 5/1/23 Instrument: CAT-0093		Prep Date: 4/28/23 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: 5/1/23 Date Analyzed Bacteria: 5/2/23 Instrument: CAT-0140, CAT-0152 Prep Date Ecoli/SLM: 5/1/23 Date Analyzed Ecoli/SLM: 5/3/23 Method: SOP-QA-0028, SOP-QA-0038 Prep Date Yeast and Mold: 5/1/23 Date Analyzed Yeast and Mold: 5/4/23 Analyst: ITG

Contaminants	Result (CFU/g)	RL (CFU/g)	Action Level (CFU/g)	Pass/Fail
Total Aerobic	< RL	100	100,000	Pass
Total Yeast/Mold	100	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: 05/01/23 Instrument: Visual Inspection	Prep Date: 05/01/23 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: 4/28/2 Instrument: Rotronic C		Prep Date: 4/28/23 Method: SOP-QA-0012	Analyst: ITC	G/JG
Analyte	Finding (Aw)	RL (Aw)	Action Level (Aw)	Pass/Fail
Water Activity	0.49	0.11	0.65	Pass

Moisture Content

Date Analyzed: 05/03/23 Instrument: Satorius CAT-0036	Prep Date: 05/03/23 Method: SOP-QA-0019	Analyst: JG/IG
Analyte	Finding (%)	RL (%)
Moisture Content	6.1	6.0

Deisy Peña-Romero Lab Director

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()	Signature: J Company Date: 4 27 23 Signature:	Samples collected by (print): Thomas Begin, RIC16839	***Potency analysis tests Δ-9-THC, THCA, CBD, CBG, CBN, CBDA, THCV, CBDV, CBC, CBGA, exoTHC, Δ-8-THC		*Sample types: flower, wet/frozen flower, trim, concentrate, CO2/solvent based concentrate, edible, capsule, tincture, or 'other'
	Signature: Time:	Received at Lab by (print): Date:	Signature: Time:	Received in field by (print): Date:	re, or 'other'

Please calculate dry weight potency.

Comments, special Instructions, or temperature requirements:

er.	19 Levesque Drive Eliot, Maine 03903 207-200-9950	Report To:	Cathryn	Kloetzli, (Chris Illes	Cathryn Kloetzli, Chris Illes, Amanda Leach	Leach			2	s (st (omita	Submital Type	° -	of 1		
	MTF368 ISO #112380	Cultivator or Mfg Name:	Mfg Name:	Curaleaf	af			<u> </u>	Ad	Adult Use:	Ĩ	1	R&D:		Me	Medical:	×	
CATLAB, LLC		Email Address (for results): cathryn.kloetzli@curaleaf.com	ss (for result	s): cathry	n.kloetzl	i@curale	af.com				Pe	rsona	Personal/Other:	ēr.				
	Ne	New Customer Information	Information		a leach ann ann d	amanda leach@ciiraleaf.com	ear.com	1				halu		Analyzas Requested				
Address:	5 Drapeau St. Suite 101	Billing Address (if different): same	s (if differen	it): same		wool or or					:		s	-440		\neg	\dashv	-
City, State:				00110								eria	itie	-	s			
Zip Code:	207.815.3020 x4157				DSP	DSP105 (Medical)	dical)				5	Mat	npur		toxin			
i none		Cultivator of Mitg License of Reg Number: ACDO03 (Adult USe	virg License	or Keg Num	ber: ACL	1003 (Ad	uit Use)	*	eity	rofile	olvent	oreigr	gical		Ochra			oisture
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*	Homogen	Terpene P	Residual S	Filth and F	Microbiol	Water Act	Aflatoxins,	Vietals	Pesticides	ercent M
S e e	all	e d	s	h e	e t	N/A	N/A	×		×		×	×		1		×	
6811	TO ZSHE ZSONOSCHE	T																-
6512	FS 23HZ Z30408 TOG	-														1		+
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CATLAB, LLC CHAIN OF CUSTODY RECORD

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(lab use only)	(as on container)	Sample Type	Date Collected	Time Collected	Sample Size	Analyses Requested
		Flower				All items marked 'X' on CoC Record.
1189	F8 23H2 230408CRE	Flower	4/27/23	8:30	11.1 g	Same
21801	F8 23H2 230408TOG	Flower	4/27/23	8:30	11.3 g	Same
5189	F8 23H2 230408TOG A	Flower	4/27/23	8:30	11.3 g	Same
						Same
						Same
						Same
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						Same
						Same
						Same
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						Same
						Same
						Same
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						Same



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 copics 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.

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 SECTION 2: Receiving Patient or Regist	Registration Certificate Number, if applicable
one of its registered locations to a different registered location. <u>This section must be completed by the transferring registrant.</u> Patient Identification Number/Medical Certification Number (DO N	or manufacturing facility is transported, including patient delivery and when a or manufacturing facility is transporting marijuana or marijuana products from
	-
	OR
Legal Name CatLab,LLC	-
Legal Name	OR Registration Identification Card Number

This section must be completed by the transferring re- start Date $4 - 27 - 7$	Start Time	9:10	
Departure Address (Physical) 5 Drapeau St	City Biddeford	State	ZIP 04005
SECTION 5: Destination Inform	mation	and the set of the set	
This section must be completed by the transferring re-	egistrant.	State	ZIP
Destination Address (Physical) 19 Levesque Drive SECTION 6: Receiving Registr	Eliot	ME cknowledgmen (the person listed in Section	03903 t of Receipt on 2 is a patient, no signal
19 Levesque Drive SECTION 6: Receiving Registr This form is incomplete without a signature by the re- required.	Eliot ation Signature and Ac ecciving registrant listed in Section 2. If	knowledgmen	t of Receipt
19 Levesque Drive SECTION 6: Receiving Registr This form is incomplete without a signature by the re required. This section must be completed by the receiving regi	Eliot ation Signature and Ac ecciving registrant listed in Section 2. If istrant. nail Address	knowledgmen	t of Receipt on 2 is a patient, no signa
19 Levesque Drive SECTION 6: Receiving Registr This form is incomplete without a signature by the re required. This section must be completed by the receiving regi	Eliot ation Signature and Ac ecciving registrant listed in Section 2. If istrant. mail Address	cknowledgmen (the person listed in Section Phone Numb	t of Receipt on 2 is a patient, no signa

Sample Receipt Condition Report

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

	# of Samples	# of Containers	Samples Received	
Flower	3	2	Notes.	
Trim				
Pre-Roll				
Infused Pre-Roll				
Retail Units				
Concentrate				
Infused Edibles				
Solid Batch				
Liquid Batch				

Proper Sample Containers/Enough Sample?	YIN/	NΔ	Comments:
Analysis Marked on COC Match Bottles Rec'v?	Y/N/	NA	Comments:
Date/Time/ID on Samples Match COC?	Q/N/	NA	Comments:
Rushes Communicates to analyst in writing?	Y/N/	NA	Comments:
Sample tampered, manipulated, adulterated or contaminated?	YN	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:
Notes/Comments:			Initials/Date: 6 1/27/23

Client ID/Contact	Reviewer's Checklist
Reporting Instructions Rushes Communicated Femp, Condition OK Sample ID/Date/Time Matrix TAT Correct	If Adult Use: Logged in Metrc Transfer Manifest If CATLAB Samples: Sampling Form Attestation Form
Correct Analyses	Initials: DPC_Date: 4/23/83
	23 PP2 4/28/23 OSD-0002 PSV2 in 000

QSD-0002 REV3 jcs 092821