

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



Certificate of Analysis

Client Name Curaleaf

Address 5 Drapeau St Suit 101

Biddeford ME 04005

Order ID 1850

Sample ID 06812

METRC Sample ID

Date Received 04/27/2023

Date/Time of Collection 04/27/2023 08:30 AM

License Number DSP105

Phone 207-815-3020

Sample Type Dried Flower

Strain F8 23H2 230408TOG

Serving Mass (g)/ Package /

Collected Sample Weight 11.3g

Collected By Thomas Begin

Date Generated 07/20/2023

Summary of Results

Water Activity	Profile
All Results	Pass

Filth and Foreign Mat	erials Screening
All Results	Pass

Microbiological Screening				
All Results	Pass			

Moisture Scr	eening
All Results	Pass

Heavy Metals Screening					
All Results	Pass				

Pesticides Screening					
All Results	Pass				

Potency Profile					
Cannabinoid	Result mg/g				
CBDV	< RL				
THCV	0.133				
CBDA	0.495				
CBD	< RL				
CBG	0.728				
CBN	< RL				
CBGA	1.89				
CBC	< RL				
exoTHC	< RL				
Δ9-THC	5.54				
Δ8ΤΗC	< RL				
THCA	212				
Total Cannabinoids %	22.0				
Total CBD mg/g	0.434				
Total THC mg/g	191				
Total CBD %	0.0434				
Total THC %	19.1				

Summary of Results

Terpenes Profile					
<u>Terpene</u>	Result %				
α-Pinene	0.010				
Camphene	< RL				
β-Pinene	0.019				
β-myrcene	0.49				
δ 3-carene	< RL				
α-Terpinene	< RL				
D-Limonene	0.086				
p-Cymene	< RL				
Eucalyptol	< RL				
Ocimene	< RL				
y-Terpinene	< RL				
Terpinolene	< RL				
Linalool	0.11				
Isopulegol	0.0078				
Geraniol	0.043				
β-Caryophyllene	0.36				
α-Humulene	0.10				
cis-Nerolidol	0.22				
trans-Nerolidol	0.24				
Guaiol	0.030				
Caryophyllene Oxide	0.17				
α-Bisabolol	0.18				
Total Terpenes (%)	2.1				



CATLAB, LLC

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Dried Flower

Analyst: AC

ME OCP: MTF368

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F8 23H2 230408TOG Strain

Serving Mass (g)/ Package /

Sample Type

Collected Sample Weight 11.3g

Collected By Thomas Begin **Date Generated** 07/20/2023

Potency

Date Analyzed: 05/02/23 Prep Date: 05/01/23 Instrument: UPLC CAT-0002/CAT-0151 Method: SOP-QA-0016

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	0.0495	0.495	N/A	0.0101	0.101
CBD	< RL	< RL	N/A	0.0101	0.101
CBG	0.0728	0.728	N/A	0.0101	0.101
CBN	< RL	< RL	N/A	0.0101	0.101
CBGA	0.189	1.89	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	0.554	5.54	N/A	0.0101	0.101
Δ8ΤΗC	< RL	< RL	N/A	0.0101	0.101
THCA	21.2	212	N/A	0.0101	0.101

CRM failure for THC > 120%. Flag required.



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Date/Time of Collection 04/27/2023 08:30 AM

License Number DSP105

Phone 207-815-3020

Sample Type Dried Flower

Strain F8 23H2 230408TOG

Analyst: RW

Serving Mass (g)/ Package /

Collected Sample Weight 11.3g

Collected By Thomas Begin

Date Generated 07/20/2023

Terpenes

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

Terpenes	Result (% weight)	RL (% weight)
α-Pinene	0.010	0.0050
Camphene	< RL	0.0050
β-Pinene	0.019	0.0050
β-myrcene	0.49	0.0050
δ3-carene	< RL	0.0050
α-Terpinene	< RL	0.0050
D-Limonene	0.086	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	0.11	0.0050
sopulegol	0.0078	0.0050
Geraniol	0.043	0.025
B-Caryophyllene	0.36	0.0050
α-Humulene	0.10	0.0050
cis-Nerolidol	0.22	0.0054
trans-Nerolidol	0.24	0.0029
Guaiol	0.030	0.0050
Caryophyllene Oxide	0.17	0.0050
α-Bisabolol	0.18	0.0050

QC failure for some analytes of interest.



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Certificate of Analysis

Client Name Curaleaf **Address**

5 Drapeau St Suit 101

Biddeford ME 04005

Order ID 1850 06812 Sample ID

METRC Sample ID

Date Received 04/27/2023

Date/Time of Collection 04/27/2023 08:30 AM

License Number DSP105

Phone 207-815-3020

Sample Type **Dried Flower**

F8 23H2 230408TOG Strain

Serving Mass (g)/ Package /

Collected Sample Weight 11.3g

Collected By Thomas Begin 07/20/2023

Date Generated

Pesticides

Date Analyzed: 5/1/23 **Prep Date:** 4/28/23 Instrument: CAT-0162 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		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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Phone 207-815-3020

Sample Type **Dried Flower**

Strain F8 23H2 230408TOG

Analyst: LCH

Serving Mass (g)/ Package /

Collected Sample Weight 11.3q

Collected By Thomas Begin

Date Generated 07/20/2023

Pesticides

Date Analyzed: 5/1/23 **Prep Date:** 4/28/23 Instrument: CAT-0162 Method: SOP OA-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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Biddeford ME 04005

Order ID 1850

Sample ID 06812 METRC Sample ID

Date Received 04/27/2023

Date/Time of Collection 04/27/2023 08:30 AM

License Number DSP105

Phone 207-815-3020

Sample Type Dried Flower

Strain F8 23H2 230408TOG

Serving Mass (g)/ Package /

Collected Sample Weight 11.3g

Collected By Thomas Begin

Date Generated 07/20/2023

Heavy Metals

Date Analyzed: 5/1/23 Prep Date: 4/28/23 Instrument: CAT-0093 Method: SOP-QA-0030

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 Prep Date
Date Analyzed Bacteria: 5/2/23 Date Anal
Instrument: CAT-0140, CAT-0152 Method: 9

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

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	< 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



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METRC Sample ID

Date Received 04/27/2023

Date/Time of Collection 04/27/2023 08:30 AM

License Number DSP105

Phone 207-815-3020

Sample Type Dried Flower
Strain F8 23H2 230408TOG

Serving Mass (g)/ Package /

Collected Sample Weight 11.3g

Collected By Thomas Begin

Date Generated 07/20/2023

Filth and Foreign Materials

Date Analyzed: 05/01/23 Prep Date: 05/01/23 Instrument: Visual Inspection Method: SOP-QA-001

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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ME OCP: MTF368

Certificate of Analysis

License Number DSP105 Client Name Curaleaf

Phone 207-815-3020 **Address** 5 Drapeau St Suit 101 **Biddeford ME 04005 Sample Type Dried Flower**

Order ID 1850 F8 23H2 230408TOG Strain

06812 Sample ID Serving Mass (g)/ Package /

METRC Sample ID Collected Sample Weight 11.3g **Date Received** 04/27/2023

Collected By Thomas Begin Date/Time of Collection 04/27/2023 08:30 AM **Date Generated** 07/20/2023

Water Activity

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

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 Prep Date: 05/03/23

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

Analyte	Finding (%)	RL (%)
Moisture Content	7.4	6.0

Deisy Peña-Romero Lab Director

CATLAB, LLC CHAIN OF CUSTODY RECORD

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

Email Address (for results): Cathryn.kloetzli@curaleaf.com Cultivator or Mfg Name: Report To: Cathryn Kloetzli, Chris Illes, Amanda Leach Curaleaf

Page 1 of 1

Persor	Adult Use:	_
Personal/Other:	. R&D:	V
	Medical: X	•

Sample Identification (as found on container) Type* Sample ACD863 (Adultivator or Mfg License or Reg Number: ACD863 (Adultivator or Reg Number: ACD863 (Adultivator or Mfg License or Reg Number:	Address:	2 2	New Customer Information amanc Billing Address (If different): same	r Informatio	-	apher ille da.leach	christopher.illes@curaleaf.com amanda.leach@curaleaf.com same	ef.c	izom imozi	Tram mox		im mox				Analyses	
Sample Identification Sample Date Time Sample Serving Servings per entry (as found on container) Type* Collected Collected Size Size** Package*** A t a c h e d s h e e t N/A N/A x FS 23HZ 230-(08706 A V Homosophus 23HZ 230-(08706 A V Homosophu	Zip Code: Phone:	207.815.3020 x4157	Cultivator or	Mfg License	or Reg Num	DSF ber: ACE	105 (Me)863 (Ad	dical) ult Use)		'	ile		ents	 eign Mate	ign Mate	ign Materal Impuri	ign Materal Impuri
e e a t t a c h e d s h e e t N/A N/A x 5/1/2	Sample Number (lab use only)	Sample Identification (as found on container)	Sample Type*	Date Collected	Time Collected	Sample Size	Serving Size**	Servings per Package**	otency***	-lomogeneity	Terpene Profi	- perie i i on	Residual Solve	 Residual Solve	Residual Solve	Residual Solve Filth and Fore Microbiologic	Residual Solve Filth and Fore Microbiologic Water Activity
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Signature:

Samples collected by (print):

Time:	Signature:	Date: 4 27 23 Signature:
Date:	Received at Lab by (print):	Thomas Begin, RIC16839
Time:	Signature:	HC, THCA, CBD, CBG, CBN, CBDA, THCV, CBDV, CBC, CBGA, exoTHC, A-8-THC
Date:	Received in field by (print):	brane present and serving size and servings ber package information



Sample Number (lab use only)	Sample ID (as on container)	Sample Type	Date Collected	Time Collected	Sample Size	Analyses Requested
		Flower				All items marked 'X' on CoC Record.
11 8%	F8 23H2 230408CRE	Flower	4/27/23	8:30	11.1 g	For A:: Please calc dry weight potency
001	FR 23H2 230408TOG	Elower	7/77/72	0.50		
180)	00100400100	riower	4/2//23	8:30	11.3 g	Same
(8813	F8 23H2 230408TOG A	Flower	4/27/23	8:30	11.3 g	Same
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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.

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 Registration	Registration Certificate Number, if applicable
This section must be completed by the transferring registrant	oducts for medical use are transported, including patient delivery and when a to manufacturing facility is transporting marijuana or marijuana products from
Tattem Identification Number/Medical Certification Number (DO N	
	OT LIST NAME) OR
Patient Identification Number/Medical Certification Number (DO N Legal Name CatLab, LLC Legal Name of Registration Certificate Holder, if applicable	OR Registration Identification Card Number

SECTION 4: Departure Information
This section must be completed by the transferring registrant. Start Time Start Date ZIP State City Departure Address (Physical) 04005 ME Biddeford 5 Drapeau St SECTION 5: Destination Information
This section must be completed by the transferring registrant. ZIP State City Destination Address (Physical) 03903 ME Eliot 19 Levesque Drive 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. Phone Number **Email Address** Printed Name of Receiving Registrant Time Received Date Received 1:05 PM

Signature

Sample Receipt Condition Report CATLAB, LLC Samples Received Via: ____CATLAB Sampler/Courier ____Licensee ___Certified Sampler Order ID: / X 50 Custody Seals Present and Intact on Transport Container: _______ 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? (Y) N / NA | Comments: Date/Time/ID on Samples Match COC? (2) / 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: 6 Notes/Comments: Reviewer's Checklist _Client ID/Contact If Adult Use: Reporting Instructions __ Logged in Metro __Rushes Communicated

Initials: DPL Date: 4/28/8

__Femp, Condition OK

__Matrix

__TAT Correct __Correct Analyses

___Sample ID/Date/Time

23 PPQ 4/28/23

__ Transfer Manifest

If CATLAB Samples:

__ Sampling Form

__Attestation Form