

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

DSP105



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 1859 Strain F10 23H2 230410NOV

Sample ID 06848 Serving Mass (g)/

METRC Sample ID Package

Date Received 04/28/2023 Collected Sample Weight 11.3 g

Date/Time of O4/28/2023 08:00 AM Collected By Thomas Begin Date Generated 05/05/2023

Summary of Results

Water Activity	Profile				
All Results Pass					
	-				

Filth and Foreign Mat	erials Screening
All Results	Pass

Microbiological Screening				
All Results	Pass			

Moisture Screening					
All Results Pass					

Heavy Metals Screening				
All Results	Pass			

Pesticides Screening				
All Results	Pass			

Potency Profile					
Cannabinoid	Result mg/g				
CBDV	< RL				
THCV	0.207				
CBDA	0.900				
CBD	< RL				
CBG	0.939				
CBN	< RL				
CBGA	5.91				
CBC	< RL				
exoTHC	< RL				
Δ9-THC	3.80				
Δ8ΤΗC	< RL				
THCA	254				
Total Cannabinoids %	26.6				
Total CBD mg/g	0.789				
Total THC mg/g	227				
Total CBD %	0.0789				
Total THC %	22.7				

Summary of Results

Terpenes Profile					
<u>Terpene</u>	Result %				
α-Pinene	0.042				
Camphene	0.010				
β-Pinene	0.061				
β-myrcene	0.33				
δ 3-carene	< RL				
α-Terpinene	< RL				
D-Limonene	0.37				
p-Cymene	< RL				
Eucalyptol	< RL				
Ocimene	0.12				
y-Terpinene	< RL				
Terpinolene	< RL				
Linalool	0.067				
Isopulegol	0.0088				
Geraniol	0.030				
β-Caryophyllene	0.38				
α-Humulene	0.12				
cis-Nerolidol	0.30				
trans-Nerolidol	0.36				
Guaiol	0.025				
Caryophyllene Oxide	0.15				
α-Bisabolol	0.18				
Total Terpenes (%)	2.6				



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Client Name Address

CATLAB. LLC

5 Drapeau St Suit

101

Order ID

Sample ID

METRC Sample ID

Date Received Date/Time of

Collection

Curaleaf

Biddeford ME 04005

1859

06848

04/28/2023

04/28/2023 08:00 AM

License Number **DSP105**

Phone 207-815-3020

Dried Flower Sample Type

F10 23H2 Strain 230410NOV

Serving Mass (g)/

Package

Collected Sample Weight 11.3 g

Collected By Thomas Begin

Date Generated 05/05/2023

Potency

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	< RL	< RL	N/A	0.0101	0.101
CBDA	0.0900	0.900	N/A	0.0101	0.101
CBD	< RL	< RL	N/A	0.0101	0.101
CBG	0.0939	0.939	N/A	0.0101	0.101
CBN	< RL	< RL	N/A	0.0101	0.101
CBGA	0.591	5.91	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	0.380	3.80	N/A	0.0101	0.101
Δ8ΤΗC	< RL	< RL	N/A	0.0101	0.101
THCA	25.4	254	N/A	0.0101	0.101

CRM failure for THC > 120%. Flag required.



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DSP105

207-815-3020

Dried Flower

F10 23H2

230410NOV



Certificate of Analysis

Sample Type

Strain

Client Name Curaleaf License Number
Address 5 Draneau St Suit Phone

5 Drapeau St Suit 101

Biddeford ME 04005

Order ID 1859
Sample ID 06848
Serving Mass (g)/

METRC Sample ID

O0848

Package

Date Received 04/28/2023 Collected Sample Weight 11.3 g

Date/Time of O4/28/2023 08:00 AM Collected By Thomas Begin Date Generated 05/05/2023

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	0.042	0.0050
Camphene	0.010	0.0050
β-Pinene	0.061	0.0050
β-myrcene	0.33	0.0050
δ 3-carene	< RL	0.0050
α-Terpinene	< RL	0.0050
D-Limonene	0.37	0.0050
p-Cymene	< RL	0.0050
Eucalyptol	< RL	0.0050
Ocimene	0.12	0.0050
y-Terpinene	< RL	0.0050
Terpinolene	< RL	0.0050
Linalool	0.067	0.0050
Isopulegol	0.0088	0.0050
Geraniol	0.030	0.025
β-Caryophyllene	0.38	0.0050
α-Humulene	0.12	0.0050
cis-Nerolidol	0.30	0.0054
trans-Nerolidol	0.36	0.0029
Guaiol	0.025	0.0050
Caryophyllene Oxide	0.15	0.0050
α-Bisabolol	0.18	0.0050

QC failure for some analytes of interest.



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Client Name Address

5 Drapeau St Suit

Biddeford ME 04005

Order ID 1859

METRC Sample ID

Date Received

Date/Time of Collection

Sample ID

Curaleaf

101

06848

04/28/2023

04/28/2023 08:00 AM

License Number DSP105

Phone 207-815-3020

Sample Type **Dried Flower**

F10 23H2 Strain 230410NOV

Serving Mass (g)/

Package

Collected Sample Weight 11.3 g

Collected By Thomas Begin

Date Generated 05/05/2023

Pesticides

Date Analyzed: 5/3/23 Instrument: CAT-0162

Prep Date: 5/2/23 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	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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207-815-3020 Phone **Address** 5 Drapeau St Suit

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

F10 23H2 Strain 1859 **Order ID** 230410NOV

Serving Mass (g)/ Sample ID 06848

Package METRC Sample ID

Collected Sample Weight 11.3 g **Date Received** 04/28/2023

Collected By Thomas Begin Date/Time of 04/28/2023 08:00 AM Collection 05/05/2023 **Date Generated**

Pesticides

Date Analyzed: 5/3/23 **Prep Date:** 5/2/23 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).

Note: QC samples presented analytes outside criteria in a CCV (chlorfenapyr, etofenprox, and prallethrin), LCS (dichlorvos, fenoxycarb, propioconazole, spiromesifen, and trifloxystrobin), and spiked matrix sample.



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

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

F10 23H2 Strain **Order ID** 1859 230410NOV

Serving Mass (g)/ Sample ID 06848

Package METRC Sample ID

Collected Sample Weight 11.3 g **Date Received** 04/28/2023

Collected By Thomas Begin Date/Time of 04/28/2023 08:00 AM Collection **Date Generated** 05/05/2023

Heavy Metals

Date Analyzed: 5/3/23 **Prep Date:** 5/2/23 Instrument: CAT-0093 Method: SOP-OA-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 Prep Date Ecoli/SLM: 5/1/23 Prep Date Yeast and Mold: 5/1/23 Date Analyzed Bacteria: 5/2/23 Date Analyzed Ecoli/SLM: 5/3/23 Date Analyzed Yeast and Mold: 5/4/23

Instrument: CAT-0140, CAT-0152 Method: SOP-QA-0028, SOP-QA-0038 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	210	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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License Number DSP105 Client Name Curaleaf 207-815-3020 **Address**

Phone 5 Drapeau St Suit 101 Sample Type **Dried Flower**

Biddeford ME 04005 F10 23H2 Strain **Order ID** 1859 230410NOV

Serving Mass (g)/ Sample ID 06848

Package METRC Sample ID Collected Sample Weight 11.3 g

Date Received 04/28/2023 **Collected By** Thomas Begin Date/Time of

04/28/2023 08:00 AM Collection **Date Generated** 05/05/2023

Filth and Foreign Materials

Date Analyzed: 05/01/23 Prep Date: 05/01/23 **Instrument:** Visual Inspection Method: SOP-QA-0018 Analyst: |G/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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Analyst: JG/IG

ME OCP: MTF368

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License Number DSP105 Client Name Curaleaf **Phone** 207-815-3020 **Address** 5 Drapeau St Suit 101 **Sample Type Dried Flower Biddeford ME 04005** F10 23H2 Strain **Order ID** 1859 230410NOV Serving Mass (g)/ Sample ID 06848 **Package METRC Sample ID Collected Sample Weight** 11.3 g **Date Received** 04/28/2023 **Collected By** Thomas Begin Date/Time of 04/28/2023 08:00 AM Collection **Date Generated** 05/05/2023

Water Activity

Date Analyzed: 05/01/23 Prep Date: 05/01/23 Instrument: Rotronic CAT-0020 Method: SOP-QA-0012

Analyte Finding (Aw) RL (Aw) Action Level (Aw) Pass/Fail Water Activity 0.52 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	8.5	6.0

Deisy Peña-Romero Lab Director

CATLAB, LLC CHAIN OF CUSTODY RECORD



CATIAB, ILC	
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

_	Adult Use:			
Personal/Other:	R&D:	Submital Type	Page	(
	Medical: X	O		

					Ja. Itacii	allialiua.leacilla/culaleal.com	H.COIII				Andi	yses r	Analyses Requested	sted		
Address:	5 Drapeau St. Suite 101	Billing Address (if different): same	ss (if differer	t): same					_	4	\exists	31	-5	\dashv	-	7
City, State:							di					-	Juntile	xins		
		Cultivator or Mfg License or Reg Number: ACD863 (Adult Use	Mfg License	or Reg Num	ber: ACD	863 (Ad	ult Use)				and the second				***************************************	
								**			_				-	-
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*1	Homogen	Terpene P	Residual S	Filth and F	Water Act	Aflatoxins	Metals	Pesticides
s e e	attach	e d	S	h e	e t	N/A	N/A	×		×	\			-		×
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Please calculate dry weight potency.

*Sample types: flower, wet/frozen flower, trim, concentrate, CO ₂ /solvent based concentrate, edible, capsule, tincture, or 'other'	ure, or 'other'	
**For edibles, tinctures, and capsules please include serving size and servings per package information	Received in field by (print):	Date:
***Potency analysis tests Δ-9-ТНС, ТНСА, СВD, СВG, СВN, СВDA, ТНСV, СВDV, СВС, СВGA, ехоТНС, Δ-8-ТНС	Signature:	Time:
Samples collected by (print): Jhomas Begin, RIC16839	Received at Lab-by (print):)	18-4-Ranto Date: 4/28/23
Signature: 176, Date: 4 28 23	Signature	MG 04:1 : 40 PM
J. J.		QSD-0058 REV10 CJ 102122

Sample Date Time Collected Sample	[20 22 22 22 22 24 24 25 25 25 25 25 25 25 25 25 25 25 25 25	6848 F10 23H2 230410NOV Flower 4/28/23 8:00 11.3 F																
Analyses Requested		All items marked 'X' on CoC Record. For X*: Please calc 'dry weight potency'	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 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
Legal Name of Registration Certificate Holder, if applicable Maine Organic Therapy	RIC16474 Registration Certificate Number, if applicable DSP105
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 No	oducts for medical use are transported, including patient delivery and when a communication of a communication of the communication of
- Comment (DO N	OT LIST NAME)
	OR
Legal Name CatLab,LLC	
Legal Name	OR Registration Identification Card Number

CATLAR

Start Date Cf_ ZC	g registrant. 2 - Z 3 Start Time 9 =	00	
Departure Address (Physical) 5 Drapeau St	City Biddeford	State ME	ZIP 04005
SECTION 5: Destination Info	ormation ng registrant.		
Destination Address (Physical) 19 Levesque Drive	City Eliot	State ME	03903
SECTION 6: Receiving Regis This form is incomplete without a signature by the	tration Signature and Ac he receiving registrant listed in Section 2. If	knowledgmen the person listed in Section	t of Receipt on 2 is a patient, no signatu
required.	一一一位多洲岛北美 的工作处		
required. This section must be completed by the receiving I Printed Name of Receiving Registrant	registrant. Email Address	Phone Numb	0-9950
This section must be completed by the receiving t	Email Address Time Received	Phone Number 20	0-9950

CATLAB, LLC		Sample	Receipt Condition Report	_0
	CATLAR		172/-	7
Custody Seals Present	CAILAB S	sampler/Courier /	* licenses C	
1	and milact on	LIGHT Contain	nor: V · ()	
/	ca,ca,	uuit Use Other	Comments	
	numuity:	If needed,	, ice present? Y/N Ambient:	
	# of Samples	# of Containers	Samples Received	
Flower	1	/ / Containers	Notes:	
Trim				
Pre-Roll				
Infused Pre-Roll				
Retail Units				
Concentrate				
Infused Edibles				
Solid Batch				
Liquid Batch				
	Proper Sample Cor	atalagra/Enough Sample?	? Ŷ/N/NA Comments:	
Ar	nalvsis Marked on (COC Match Bottles Books	(?) Y) N / NA Comments:	
	Date/Time/ID		Y/ N / NA Comments:	
	Rushes Communica	ates to analyst in writing?	7 Y (N) NA Comments:	
Sample tampered,	manipulated, adult	terated or contaminated?		
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Samples		anner required by OMP?		
		sport Manifest Received?		
		mples Received in Metrc?	The state of the s	
		7	1 7 17 Ort Comments.	
Notes/Comments:			Initials/Date: DPR 4/28/	23
			-	
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/		Re	eviewer's Checklist	
Client ID/Contact			If Adult Use:	
Reporting Instruction				
Rushes Communicate	èd		Logged in Metrc Transfer Manifest	
Temp, Condition OK			If CATLAB Samples:	
Sample ID/Date/Time	2			
<u></u> ✓Matrix			Sampling Form Attestation Form	
TAT Correct			Arrestation Form	
Correct Analyses		Initials: F	Date: 5/4/23	