

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



Certificate of Analysis

Client Name Curaleaf License Number DSP105

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

Biddeford ME 04005 Sample Type Flower

Order ID 1923 **Strain** F11 23H2 230411CRE

Sample ID 07101 Serving Mass (g)/ Package /

METRC Sample ID Collected Sample Weight

Date Received 05/10/2023 Collected By

Date/Time of Collection 05/09/2023 08:00 AM Date Generated 05/17/2023

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	< RL			
CBDA	0.511			
CBD	< RL			
CBG	0.913			
CBN	< RL			
CBGA	3.88			
CBC	< RL			
exoTHC	< RL			
Δ9-ΤΗС	5.63			
Δ8ΤΗC	< RL			
THCA	243			
Total Cannabinoids 9	% 25.4			
Total CBD mg/	g 0.448			
Total THC mg/	g 219			
Total CBD 9	0.0448			
Total THC 9	% 21.9			

Summary of Results

Terpenes Profile				
<u>Terpene</u>	Result %			
α-Pinene	0.021			
Camphene	0.0070			
β-Pinene	0.040			
β-myrcene	0.23			
δ 3-carene	< RL			
α-Terpinene	< RL			
D-Limonene	0.24			
p-Cymene	< RL			
Eucalyptol	< RL			
Ocimene	< RL			
y-Terpinene	< RL			
Terpinolene	< RL			
Linalool	0.088			
Isopulegol	0.012			
Geraniol	< RL			
β-Caryophyllene	0.65			
α-Humulene	0.20			
cis-Nerolidol	0.46			
trans-Nerolidol	0.50			
Guaiol	< RL			
Caryophyllene Oxide	0.15			
α-Bisabolol	0.24			
Total Terpenes (%)	2.9			



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Potency

Date Analyzed: 5/16/23Prep Date: 5/15/23Instrument: UPLC CAT-0002/CAT-0151Method: SOP-QA-0016Analyst: 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	0.0511	0.511	N/A	0.0101	0.101
CBD	< RL	< RL	N/A	0.0101	0.101
CBG	0.0913	0.913	N/A	0.0101	0.101
CBN	< RL	< RL	N/A	0.0101	0.101
CBGA	0.388	3.88	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	0.563	5.63	N/A	0.0101	0.101
Δ8ΤΗС	< RL	< RL	N/A	0.0101	0.101
THCA	24.3	243	N/A	0.0101	0.101

CN2 CCV fails high for exo-THC (unregulated cannabinoid) throughout run. Final CN2 CCV fails high for all analytes (all unregulated cannabinoids) due to evaporation. New injection of CN2 CCV stock solution passed for all analytes aside from exo-THC. Therefore, failure of final CN2 CCV, with the exception of exo-THC, can be contributed to evaporation. No exo-THC was observed in any sample or QC injections. CRM fail high for THC, >120% expected.



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Analyst: RW

ME OCP: MTF368

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> Biddeford ME 04005 Sample Type Flower

Order ID 1923 Strain F11 23H2 230411CRE

Sample ID 07101 Serving Mass (g)/ Package / **METRC Sample ID**

Collected Sample Weight

Date Received 05/10/2023 **Collected By**

Date/Time of Collection 05/09/2023 08:00 AM 05/17/2023 **Date Generated**

Terpenes

Date Analyzed: 5/16/23 Prep Date: 5/15/23 Instrument: CAT-0020 Method: SOP QA-0032

Terpenes Result (% weight) RL (% weight) 0.021 0.0050 α-Pinene Camphene 0.0070 0.0050 β-Pinene 0.040 0.0050 0.23 0.0050 β-myrcene < RL 0.0050 δ 3-carene < RL 0.0050 α-Terpinene D-Limonene 0.24 0.0050 < RL 0.0050 p-Cymene < RL Eucalyptol 0.0050 Ocimene < RL 0.0050 y-Terpinene < RL 0.0050 Terpinolene < RL 0.0050 Linalool 0.088 0.0050 Isopulegol 0.012 0.0050 < RL Geraniol 0.025 **β-Caryophyllene** 0.65 0.0050 α-Humulene 0.20 0.0050 cis-Nerolidol 0.46 0.0054 trans-Nerolidol 0.50 0.0029 Guaiol < RI 0.0050 Caryophyllene Oxide 0.15 0.0050 α-Bisabolol 0.0050 0.24

QC failure for some analytes of interest.



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> Biddeford ME 04005 Sample Type Flower

Order ID 1923 F11 23H2 230411CRE Strain

Sample ID 07101 Serving Mass (g)/ Package / **METRC Sample ID**

Collected Sample Weight Date Received 05/10/2023

Collected By

Date/Time of Collection 05/09/2023 08:00 AM **Date Generated** 05/17/2023

Pesticides

Date Analyzed: 5/17/23 **Prep Date:** 5/15/23 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	< 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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> Biddeford ME 04005 Sample Type Flower

Order ID 1923 Strain F11 23H2 230411CRE

Sample ID 07101 Serving Mass (g)/ Package / **METRC Sample ID**

Collected Sample Weight Date Received 05/10/2023

Collected By

Date/Time of Collection 05/09/2023 08:00 AM **Date Generated** 05/17/2023

Pesticides

Date Analyzed: 5/17/23 **Prep Date:** 5/15/23 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)

QC samples presented analytes outside criteria in a CCV (fludioxonil, prallethrin, spirotetramat, piperonyl butoxide), LCS (abamectin, acequinocyl, cypermethrin, dichlorvos, daminozide, prallethrin, and spiromesifen), and SMB.



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Biddeford ME 04005 Sample Type Flower

Order ID 1923 **Strain** F11 23H2 230411CRE

Sample ID 07101 Serving Mass (g)/ Package /

METRC Sample ID

Collected Sample Weight

Date Received

05/10/2023

Collected Ry

Date Received 05/10/2023 Collected By

Date/Time of Collection 05/09/2023 08:00 AM **Date Generated** 05/17/2023

Heavy Metals

Date Analyzed: 5/12/23Prep Date: 5/11/23Instrument: CAT-0093Method: SOP-QA-0030Analyst: 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: 5/10/23 Prep Date Ecoli/SLM: 5/10/23 Prep Date Yeast and Mold: 5/12/23

Date Analyzed Bacteria: 5/11/23 Date Analyzed Ecoli/SLM: 5/12/23 Date Analyzed Yeast and Mold: 5/15/32

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	100	100	100,000	Pass
Total Yeast/Mold	8100	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



CATLAB, LLC

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Biddeford ME 04005 Sample Type Flower

Order ID 1923 **Strain** F11 23H2 230411CRE

Sample ID 07101 Serving Mass (g)/ Package / METRC Sample ID Callested Sample Weight

Collected Sample Weight

Date Received 05/10/2023 Collected By

Date/Time of Collection 05/09/2023 08:00 AM Date Generated 05/17/2023

Filth and Foreign Materials

Date Analyzed: 05/11/23 Prep Date: 05/11/23
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



Eliot, ME 03903 207-200-9950 ME OCP: MTF368

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Address 5 Drapeau St Suit 101 **Phone** 207-815-3020 **Biddeford ME 04005**

Sample Type Flower Order ID 1923

F11 23H2 230411CRE Strain

Sample ID 07101 Serving Mass (g)/ Package / **METRC Sample ID**

Collected Sample Weight Date Received 05/10/2023

Collected By

Date/Time of Collection 05/09/2023 08:00 AM **Date Generated** 05/17/2023

Water Activity

CATLAB. LIC

Date Analyzed: 05/11/23 Prep Date: 05/11/23

Instrument: Rotronic CAT-0020 Method: SOP-QA-0012 Analyst: JG/IG

Analyte	Finding (Aw)	RL (Aw)	Action Level (Aw)	Pass/Fail
Water Activity	0.47	0.11	0.65	Pass

Moisture Content

Date Analyzed: 05/11/23 **Prep Date:** 05/11/23

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

Analyte	Finding (%)	RL (%)
Moisture Content	6.3	6.0

Deisy Peña-Romero Lab Director

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

Cultivator or Mfg Name:

Curaleaf

Report To:

Cathryn Kloetzli, Chris Illes, Amanda Leach

CATLAB, LLC CHAIN OF CUSTODY RECORD

1923

Medical:	R&D:	Adult Use:

											s e e	Sample Number (lab use only)		Phone:	Zip Code:	City, State:	Address:			CATLAB, LLC
											attach	Sample Identification (as found on container)			207.815.3020 x4157	Biddeford, ME 04005	5 Drapeau St. Suite 101	7		CATLAB, LLC ISO #112380
											e d	Sample Type*		Cultivator or			Billing Address (if different): same	New Customer Information		Email Addre
											S	Date Collected	-	Mfg License			ess (if differe	r Informatio		ss (for resul
									-		h e	Time Collected		Cultivator or Mfg License or Reg Number: ACD863 (Adult Use)			nt): same	1	Christo	Email Address (for results): cathryn.kloetzli@curaleaf.com
											e t	Sample Size	-	ber: ACD	DSP			amanda.leach@curaleaf.com	christopher.illes@curaleal.com	n.kloetzli
											N/A	Serving Size**)863 (Ad	DSP105 (Medical)			@curalea	Sillicurali	@curale
											N/A	Servings per Package**		ult Use)	dical)			af.com	eal.com	af.com
Г											×	Potency	***	-]	
Γ					T							Homoge	neit	у						
											×	Terpene	Pro	file						
												Residual	Sol	vent	ts			₽		Per
											×	Filth and	l For	eigi	n Ma	ate	rial	Analyses Requested		Personal/Other:
											×	Microbio	olog	ical	lmp	uri	ties	s Req		Other
L					1		L				×	Water A	ctivi	ty				ueste		
L	L				1							Aflatoxir	ns/O	chr	atox	dns		٩		I
L		-	\perp	1				1			×	Metals								
-		-	1	1	1			1			+	Pesticide	es			_		1		
			1		1			1			×	Percent	Moi	stui	re					

Comments, special Instructions, or temperature requirements:

Please calculate dry weight potency.

	Date: 5-/10/23	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	**For edibles, tinctures, and capsules please include serving size and servings per package information	*Sample types: flower, wet/frozen flower, trim, concentrate, CO2/solvent based concentrate, edible, capsule, tincture, or 'other'
	Signature:	Received at Lab by (print): PHSY KNA BOTHERD	Signature:	Received in field by (print):	re, or 'other'
QSD-0058 REV10 CJ 102122	Time: 11:40AM	DD Date: 5/10/23	Time:	Date:	

Order 1923

(lah use only)	(as on container)	Type	Collected		Size	
(IdD use only)		Flower	5/8/23	9:30	11.3 g	All items marked 'X' on CoC Record.
7100	F14 23H2 23U414PN1	Flower	2/8/23	9:30	i co	For X*: Please calc 'dry weight potency'
7101	FILL DEATH DEMNICHE Flower	Flower	5/41/2	J.W	11.3	Same
7102	Fit 35H3 356UITIII	Flower	2(1/1/1)	81.2	٦.٦	Same
710%		Elmer.	28/0115	51.5	11.40	Same
		1000			,	Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
	-					Same
		B (100 and 100				Same
						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.

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
This section must be completed anytime marijuana or thanjuana pro- registered caregiver, registered dispensary, marijuana testing facility, 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.)	ducts for medical use are transported, including patient delivery and when a , or manufacturing facility is transporting marijuana or marijuana products from OT LIST NAME)
	OR
Legal Name	Registration Identification Card Number
CatLab,LLC	MTF368
Legal Name of Registration Certificate Holder, if applicable	Registration Certificate Number, if applicable
SECTION 3: Description of Marijuana of For each item transported, provide the amount (weight or units), proinformation of the marijuana or marijuana products. This section must be completed by the transferring registrant. 11.3 g - FLOWER - PeanutButterBreath - 1 pkg	or Marijuana Products Transported oduct type (flower, wax, cartridges, etc.), and strain or other further identifying 11-43 - Flower- Ite (roum Cahe- 1 ph)

CATLAB

		CAT LO	10
SECTION 4: Departure Inform This section must be completed by the transferring re-	ation gistrant.	LIE WIN	
5-10 - 23	Start Time		200 B 20
Departure Address (Physical) 5 Drapeau St	City	State ME	ZIP 04005
SECTION 5: Destination Information From This section must be completed by the transferring re-	nation	XA V 3 POP	
destination Address (Physical) 19 Levesque Drive	City	State ME	ZIP 03903
SECTION 6: Receiving Registra This form is incomplete without a signature by the receiving required. This section must be completed by the receiving regist	ceiving registrant listed in Section 2. If the	nowledgment person listed in Section	of Receipt n 2 is a patient, no signa
Printed Name of Receiving Registrant Delsa ler A Double Date Received	il Address	Phone Number	-9950
9-10-23	Time Received		
Signature			

Sample Receipt Condition Report Order ID:_/923 CATLAB, LLC 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 Containers Notes: # of Samples 4 Flower Trim Pre-Roll Infused Pre-Roll **Retail Units** Concentrate Infused Edibles Solid Batch Liquid Batch Proper Sample Containers/Enough Sample? (Y// N / NA | Comments: Analysis Marked on COC Match Bottles Rec'v? Y / N / NA | Comments: Date/Time/ID on Samples Match COC? (Y) N / NA | Comments: Rushes Communicates to analyst in writing? Y / N / NA Comments: Sample tampered, manipulated, adulterated or contaminated? Y //N)/ 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: __ Logged in Metro ✓ Reporting Instructions Transfer Manifest Rushes Communicated Temp, Condition OK If CATLAB Samples: __ Sampling Form Sample ID/Date/Time Attestation Form Matrix TAT Correct Initials: 5 Date: 5/11/23

Correct Analyses