

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 Phone 207-815-3020

101 Sample Type Flower Biddeford ME 04005

Order ID 1996 Strain F16 23H2 230516TOG

Sample ID 07337 Serving Mass (g)/
Package

METRC Sample ID

Data Possived

05/21/2023

Collected Sample Weight 11.3g

Date Received 05/31/2023 Collected Sample Weight 11.3g

Collected Sample Weight 11.3g

Thomas Begin

Collection 05/31/2023 08:00 AM Date Generated 06/07/2023

Summary of Results

Water Activity Profile			
All Results Pass			
Filth and Foreign Mat	erials Screening		
Filth and Foreign Mat All Results	erials Screening Pass		

Microbiological Screening			
All Results	Fail		

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	0.504		
CBD	< RL		
CBG	0.825		
CBN	< RL		
CBGA	2.29		
CBC	< RL		
exoTHC	< RL		
Δ9-THC	6.13		
Δ8ΤΗC	< RL		
THCA	229		
Total Cannabinoids %	23.9		
Total CBD mg/g	0.442		
Total THC mg/g	207		
Total CBD %	0.0442		
Total THC %	20.7		

Summary of Results

Terpenes Profile			
<u>Terpene</u>	Result %		
α-Pinene	0.013		
Camphene	0.0078		
β-Pinene	0.023		
β-myrcene	0.43		
δ 3-carene	< RL		
α-Terpinene	< RL		
D-Limonene	0.077		
p-Cymene	< RL		
Eucalyptol	< RL		
Ocimene	< RL		
y-Terpinene	< RL		
Terpinolene	0.0096		
Linalool	0.13		
Isopulegol	< RL		
Geraniol	0.082		
β-Caryophyllene	0.39		
α-Humulene	0.11		
cis-Nerolidol	0.14		
trans-Nerolidol	0.15		
Guaiol	0.067		
Caryophyllene Oxide	0.16		
α-Bisabolol	0.18		
Total Terpenes (%)	2.0		



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CATLAB, LLC

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ME OCP: MTF368

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Client Name Address

Curaleaf 5 Drapeau St Suit

Biddeford ME 04005

Order ID Sample ID

METRC Sample ID Date Received

Date/Time of Collection

101

07337

1996

05/31/2023

05/31/2023 08:00 AM

License Number **DSP105**

Phone 207-815-3020

Sample Type Flower

F16 23H2 Strain 230516TOG

Serving Mass (g)/ **Package**

Collected Sample Weight 11.3g

Collected By Thomas Begin **Date Generated** 06/07/2023

Potency

Date Analyzed: 6/7/23 **Prep Date:** 6/6/23

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

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	0.0504	0.504	N/A	0.0101	0.101
CBD	< RL	< RL	N/A	0.0101	0.101
CBG	0.0825	0.825	N/A	0.0101	0.101
CBN	< RL	< RL	N/A	0.0101	0.101
CBGA	0.229	2.29	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	0.613	6.13	N/A	0.0101	0.101
Δ8ΤΗC	< RL	< RL	N/A	0.0101	0.101
THCA	22.9	229	N/A	0.0101	0.101

LCS failure for THC due to pipette malfunction during spike, all other analytes of interest pass. CRM failure for CBDA at 78.9% expected, all other analytes of interest pass.



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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** Flower

Biddeford ME 04005

Order ID

Biddeford ME 04005

Strain

F16 23H2
230516TOG

Sample ID 07337 Serving Mass (g)/

METRC Sample ID Package

Date Received 05/31/2023 Collected Sample Weight 11.3g

Date/Time of Collected By Thomas Begin Date Generated 05/31/2023 08:00 AM Date Generated 06/07/2023

Terpenes

Date Analyzed: 6/7/23Prep Date: 6/6/23Instrument: CAT-0114Method: SOP QA-0032Analyst: RW

Terpenes	Result (% weight)	RL (% weight)
α-Pinene	0.013	0.0050
Camphene	0.0078	0.0050
β-Pinene	0.023	0.0050
β-myrcene	0.43	0.0050
δ 3-carene	< RL	0.0050
α-Terpinene	< RL	0.0050
D-Limonene	0.077	0.0050
p-Cymene	< RL	0.0050
Eucalyptol	< RL	0.0050
Ocimene	< RL	0.0050
y-Terpinene	< RL	0.0050
Terpinolene	0.0096	0.0050
Linalool	0.13	0.0050
Isopulegol	< RL	0.0050
Geraniol	0.082	0.025
β-Caryophyllene	0.39	0.0050
α-Humulene	0.11	0.0050
cis-Nerolidol	0.14	0.0054
trans-Nerolidol	0.15	0.0029
Guaiol	0.067	0.0050
Caryophyllene Oxide	0.16	0.0050
α-Bisabolol	0.18	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

1996

07337

05/31/2023

05/31/2023 08:00 AM

License Number DSP105

Phone 207-815-3020

Sample Type Flower

F16 23H2 Strain 230516TOG

Serving Mass (g)/

Package

Collected Sample Weight 11.3g

Collected By Thomas Begin **Date Generated** 06/07/2023

Analyst: LCH

Pesticides

Date Analyzed: 6/7/23 **Prep Date:** 6/6/23 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	< 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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License Number DSP105 Client Name Curaleaf

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

> 101 Sample Type Flower Biddeford ME 04005

F16 23H2 Strain 1996 Order ID 230516TOG

Serving Mass (g)/ Sample ID 07337

Package METRC Sample ID

Collected Sample Weight 11.3q **Date Received** 05/31/2023

Collected By Thomas Begin Date/Time of 05/31/2023 08:00 AM Collection 06/07/2023 **Date Generated**

Pesticides

Date Analyzed: 6/7/23 **Prep Date:** 6/6/23 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 a CCV (high bias chlorfenapyr and permethrins), LCS (high bias cyfluthrin, etoxazole, fipronil, prallethrin, pyridaben, spiromesifen, trifloxystrobin), and spiked matrix sample.



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101 Sample Type Flower Biddeford ME 04005

Order ID 1996 Strain F16 23H2 230516TOG

Sample ID 07337 Serving Mass (g)/

METRC Sample ID Package '

Date Received 05/31/2023 Collected Sample Weight 11.3g

Date/Time of
CollectionCollected By
05/31/2023 08:00 AMCollected By
Date GeneratedThomas Begin
06/07/2023

Heavy Metals

Date Analyzed: 6/7/23 Prep Date: 6/6/23
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: 6/1/23 Prep Date Ecoli/SLM: 6/1/23 Prep Date Yeast and Mold: 6/2/23

Date Analyzed Bacteria: 6/2/23 Date Analyzed Ecoli/SLM: 6/2/23 Date Analyzed Yeast and Mold: 6/5/23

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	14000	100	10,000	Fail
Total Enterobacter	100	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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ME OCP: MTF368

Certificate of Analysis

License Number DSP105 Client Name Curaleaf

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

Sample Type Flower Biddeford ME 04005

F16 23H2 Strain **Order ID** 1996 230516TOG

Serving Mass (g)/ Sample ID 07337 **Package**

METRC Sample ID Collected Sample Weight 11.3g **Date Received** 05/31/2023

Collected By Thomas Begin Date/Time of 05/31/2023 08:00 AM

Collection **Date Generated** 06/07/2023

Filth and Foreign Materials

Date Analyzed: 06/02/23 Prep Date: 06/02/23 **Instrument:** Visual Inspection Method: SOP-QA-0018 Analyst: JG/DP

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 207-815-3020 **Phone Address** 5 Drapeau St Suit 101 Sample Type Flower Biddeford ME 04005 F16 23H2 Strain **Order ID** 1996 230516TOG Serving Mass (g)/ Sample ID 07337 **Package METRC Sample ID Collected Sample Weight** 11.3g **Date Received** 05/31/2023 **Collected By** Thomas Begin Date/Time of 05/31/2023 08:00 AM Collection

Date Generated 06/07/2023

Analyst: ITG/JG

Water Activity

Date Analyzed: 6/2/23 **Prep Date:** 6/2/23 Instrument: Rotronic CAT-0020 Method: SOP-QA-0012

Analyte Finding (Aw) RL (Aw) Action Level (Aw) Pass/Fail Water Activity 0.51 0.11 0.65 **Pass**

Moisture Content

Date Analyzed: 6/7/23 **Prep Date:** 6/7/23

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

Analyte	Finding (%)	RL (%)
Moisture Content	7.7	6.0

Deisy Peña-Romero Lab Director



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

CATLAB, LLC CHAIN OF CUSTODY RECORD

Order 1946

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

		Personal/Other:	70
×	Medical:	R&D:	Adult Use:
		Submital Type	

S Drapeau St. Suite 101 Billing Address (if different): same Biddeford, ME 04005 207.815.3020 x4157 Cultivator or Mfg License or Reg Num (as found on container) Type* Collected Collect	5 Drapeau St. Suite 101 Biddeford, ME 04005 207.815.3020 x4157 Sample Identification (as found on container) a t t a c h	Christopher liles@cural S Drapeau St. Suite 101 Billing Address (if different): Same Biddeford, ME 04005 207.815.3020 x4157 Cultivator or Mfg License or Reg Number: ACD863 (Ad Sample Identification (as found on container) A t t a c h e d s h e e t N/A Cial Instructions, or temperature requirements:	christopher.illes@curaleass (if different): same DSP105 (Med Mfg License or Reg Number: ACD863 (Adulta Collected Collected Size Size** Shelp to the N/A Shelp to the N/A	Christopher:illes@curaleaf.com S Drapeau St. Suite 101 Billing Address (if different): Same Biddeford, ME 04005 207.815.3020 x4157 Cultivator or Mfg License or Reg Number: ACD863 (Adult Use) ** Sample Identification (as found on container) Type* Collected Collected Size Size** Package*** B H	Christopher.illes@curaleaf.com ss (if different): same DSP105 (Medical) Mfg License or Reg Number: ACD863 (Adult Use) Date Collected Collected Size Size** Sheet N/A N/A N/A N/A	Information amanda.leach@curaleaf.com ss (if different): same DSP105 (Medical) Mfg License or Reg Number: ACD863 (Adult Use) Date Time Sample Serving Servings per Collected Collected Size Size** Package** Sheet N/A N/A X	Information amanda.leach@curaleaf.com ss (if different): same DSP105 (Medical) MfgLicense or Reg Number: ACD863 (Adult Use) Date Time Sample Serving Servings per Package*** Sheet N/A N/A Potency*** Homogeneity X Residual Solvents	Information amanda.leach@curaleaf.com ss (if different): same DSP105 (Medical) Mfg License or Reg Number: ACD863 (Adult Use) Date Time Sample Serving Servings per Package*** Sheet N/A N/A N/A X Homogeneity Terpene Profile Residual Solvents	Information amanda.leach@curaleaf.com ss (if different): same DSP105 (Medical) Mfg License or Reg Number: ACD863 (Adult Use) Date Time Sample Serving Servings per Package*** Sheet N/A N/A N/A X Homogeneity Terpene Profile Residual Solvents	Collected Collected Size Size** Potency*** Besidual Solvents Residual Solvents X Microbiological Impurities X Water Activity Christophrer: illes(@curaleaf.com Analyses Requester) Analyses Requester A	Information amanda.leach@curaleaf.com SS [if different): Same DSP105 (Medical) DSP105 (Medical) DSP105 (Medical) DSP105 (Medical) Analyses Requested Serving Serving Servings Package** Homogeneity X Potency*** Homogeneity X Filth and Foreign Material X Microbiological Impurities X Microbiological Impurities X Water Activity Afflatoxins/Ochratoxins	Sherving Serving Servi	Information amanda.leach@curalleaf.com Analyses Requested		Address:	City, State:	Zip Code: Phone:		Sample Number (lab use only)	S e e						
Christite W Customer Information amand ama	Christopher.ille Lew Customer Information amanda.leach Billing Address (if different): same DSF Cultivator or Mfg License or Reg Number: ACE Type* Collected Collected Size Collected Collected Size	Litristopher.illes@curale. Billing Address (if different): same DSP105 (Me Cultivator or Mfg License or Reg Number: ACD863 (Ad Sample Date Time Sample Serving Type* Collected Collected Size Size** e d S h e e t N/A purifements:	christopher.illes@curaleass (if different): same DSP105 (Med Mfg License or Reg Number: ACD863 (Adulta Collected Collected Size Size** Shelp to the N/A Shelp to the N/A	Christopher.illes@curaleaf.com ss (if different): same DSP105 (Medical) Mfg License or Reg Number: ACD863 (Adult Use) Date Collected Collected Size Size** Sheet N/A N/A N/A N/A	Information amanda.leach@curaleaf.com ss (if different): same DSP105 (Medical) Mfg License or Reg Number: ACD863 (Adult Use) Date Time Sample Serving Servings per Collected Collected Size Size** Package** She et N/A N/A X	Information amanda.leach@curaleaf.com ss (if different): same DSP105 (Medical) Mfg License or Reg Number: ACD863 (Adult Use) Date Collected Collected Size Size** She et N/A N/A X House	Information amanda.leach@curaleaf.com ss (if different): same DSP105 (Medical) MfgLicense or Reg Number: ACD863 (Adult Use) Date Time Sample Serving Servings per Package*** Sheet N/A N/A Potency*** Homogeneity X Residual Solvents	Information amanda.leach@curaleaf.com ss (if different): same DSP105 (Medical) Mfg License or Reg Number: ACD863 (Adult Use) Date Time Sample Serving Servings per Package*** Sheet N/A N/A N/A X Homogeneity Terpene Profile Residual Solvents	Information amanda.leach@curaleaf.com ss (if different): same DSP105 (Medical) Mfg License or Reg Number: ACD863 (Adult Use) Date Time Sample Serving Servings per Package*** Sheet N/A N/A N/A X Homogeneity Terpene Profile Residual Solvents	Collected Collected Size Size** Potency*** Besidual Solvents Residual Solvents X Microbiological Impurities X Water Activity Christophrer: illes(@curaleaf.com Analyses Requester) Analyses Requester A	Information amanda.leach@curaleaf.com SS [if different): Same DSP105 (Medical) DSP105 (Medical) DSP105 (Medical) DSP105 (Medical) Analyses Requested Serving Serving Servings Package** Homogeneity X Potency*** Homogeneity X Filth and Foreign Material X Microbiological Impurities X Microbiological Impurities X Water Activity Afflatoxins/Ochratoxins	Sherving Serving Servi	Information amanda_leach@curaleaf.com Stiff different): same DSP105 (Medical) DSP105 (Medical) DSP105 (Medical) DSP105 (Medical) Analyses Requested Size Size** Package*** Homogeneity X Terpene Profile Residual Solvents X Microbiological Impurities X Microbiological Impurities X Water Activity Aflatoxins/Ochratoxins X Metals X Pesticides	7	7	Biddeford, ME 04005	207.815.3020 x4157			t t a						
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**For edibles, tinctures, and capsules please include serving size and servings per package information	Received in field by (print):		Date:
Potency analysis tests A-9-THC, THCA, CBD, CBG, CBN, CBDA, THCV, CBDV, CBC, CBGA, exoTHC, A-8-THC	Signature:		Time:
Samples collected by (print): Thomas Begin, RIC16839	Received at Lab by (print);	Z.L.Z.	Date: +
Signature: HAMM &. Ed Date: 5/31/25	Signature:	T Gades	Time: 15
	18	4	OSD-DOES BEVIO

QSD-0058 REV10 CJ 102122

Sample Number (lab use only)	Sample ID (as on container)	Sample Type	Date Collected	Time Collected	Sample	Analyses Requested
7336	F16 23H2 230516SKH	Flower	5/31/23	8:00	11.1 g	All items marked 'X' on CoC Record.
7337	F16 23H2 230516TOG	Flower	5/31/23	8:00	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	Pariety Identify the College
Ron Harrison	Registry Identification Card Number RIC 16474
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. This section must be completed by the transferring registrant.	
Patient Identification Number/Medical Certification Number (DO N	
Patient Identification Number/Medical Certification Number (DO N	OT LIST NAME) OR
Patient Identification Number/Medical Certification Number (DO N Legal Name CatLab,LLC	
Patient Identification Number/Medical Certification Number (DO N	OR Registration Identification Card Number

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SECTION 4: Departure Information This section must be completed by the transferring	g registrant.	The same that	works a construction of the construction of th
Start Date 5-31-23	Start Time	9:00	
Departure Address (Physical) 5 Drapeau St	City Biddeford	State ME	04005
SECTION 5: Destination Info	ormation		
Destination Address (Physical)	City	State ME	03903
SECTION 6: Receiving Regist This form is incomplete without a signature by the required.	e receiving registrant listed in Section 2. It	the person listed in costs.	
This section must be completed by the receiving reprinted Name of Receiving Registrant	Email Address	Phone Number Z	50-9950
Date Received 5-31-23	Time Received	31	
Signature // Luc	,		

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	Registry Identification Card Number
Ron Harrison	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. This section must be completed by the transferring registrant. Patient Identification Number/Medical Certification Number (DO N	oducts for medical use are transported, including patient delivery and when a g, or manufacturing facility is transporting marijuana or marijuana products from
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	OR CIST NAME)
Legal Name CatLab,LLC	
Legal Name	OR Registration Identification Card Number

SECTION 4: Departure Information This section must be completed by the transferring registrant. Start Time 9:00 Start Date ZIP State City Departure Address (Physical) 04005 Biddeford ME 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 200-9950 Time Received Date Received Signature

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