



CATLAB, LLC
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 Biddeford ME 04005	Phone	207-815-3020
Order ID	2000	Sample Type	Flower
Sample ID	07343	Strain	F16 23H2 230516MFL
METRC Sample ID		Serving Mass (g)/ Package /	
Date Received	06/01/2023	Collected Sample Weight	11.4g
Date/Time of Collection	06/01/2023 03:03 PM	Collected By	Thomas Begin
		Date Generated	06/08/2023

Summary of Results

Water Activity Profile	
All Results	Pass
Filth and Foreign Materials Screening	
All Results	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	0.524
CBD	< RL
CBG	0.932
CBN	< RL
CBGA	6.16
CBC	0.103
exoTHC	< RL
Δ 9-THC	6.59
Δ 8THC	< RL
THCA	219
Total Cannabinoids %	23.4
Total CBD mg/g	0.460
Total THC mg/g	199
Total CBD %	0.0460
Total THC %	19.9

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Summary of Results

Terpenes Profile	
Terpene	Result %
α-Pinene	0.053
Camphene	0.0078
β-Pinene	0.077
β-myrcene	0.11
δ3-carene	0.030
α-Terpinene	0.020
D-Limonene	0.069
p-Cymene	< RL
Eucalyptol	< RL
Ocimene	0.12
γ-Terpinene	0.015
Terpinolene	0.50
Linalool	0.032
Isopulegol	< RL
Geraniol	0.062
β-Caryophyllene	0.27
α-Humulene	0.068
cis-Nerolidol	0.12
trans-Nerolidol	0.20
Guaiol	0.070
Caryophyllene Oxide	0.16
α-Bisabolol	0.19
Total Terpenes (%)	2.2

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Potency

Date Analyzed: 6/7/23
Instrument: UPLC CAT-0002/CAT-0151

Prep Date: 6/6/23
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	0.0524	0.524	N/A	0.0101	0.101
CBD	< RL	< RL	N/A	0.0101	0.101
CBG	0.0932	0.932	N/A	0.0101	0.101
CBN	< RL	< RL	N/A	0.0101	0.101
CBGA	0.616	6.16	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	0.659	6.59	N/A	0.0101	0.101
Δ8THC	< RL	< RL	N/A	0.0101	0.101
THCA	21.9	219	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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Terpenes

Date Analyzed: 6/7/23
Instrument: CAT-0114

Prep Date: 6/6/23
Method: SOP QA-0032

Analyst: RW

Terpenes	Result (% weight)	RL (% weight)
α-Pinene	0.053	0.0050
Camphene	0.0078	0.0050
β-Pinene	0.077	0.0050
β-myrcene	0.11	0.0050
δ3-carene	0.030	0.0050
α-Terpinene	0.020	0.0050
D-Limonene	0.069	0.0050
p-Cymene	< RL	0.0050
Eucalyptol	< RL	0.0050
Ocimene	0.12	0.0050
γ-Terpinene	0.015	0.0050
Terpinolene	0.50	0.0050
Linalool	0.032	0.0050
Isopulegol	< RL	0.0050
Geraniol	0.062	0.025
β-Caryophyllene	0.27	0.0050
α-Humulene	0.068	0.0050
cis-Nerolidol	0.12	0.0054
trans-Nerolidol	0.20	0.0029
Guaiol	0.070	0.0050
Caryophyllene Oxide	0.16	0.0050
α-Bisabolol	0.19	0.0050

QC failure for some analytes of interest.

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Pesticides

Date Analyzed: 6/7/23
Instrument: CAT-0162

Prep Date: 6/6/23
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	Metaxyl	< 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: 6/7/23
Instrument: CAT-0162

Prep Date: 6/6/23
Method: SOP QA-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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Heavy Metals

Date Analyzed: 6/7/23
Instrument: CAT-0093

Prep Date: 6/6/23
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: 6/5/23
Date Analyzed Bacteria: 6/6/23
Instrument: CAT-0140, CAT-0152

Prep Date Ecoli/SLM: 6/5/23
Date Analyzed Ecoli/SLM: 6/6/23
Method: SOP-QA-0028, SOP-QA-0038

Prep Date Yeast and Mold: 6/5/23
Date Analyzed Yeast and Mold: 6/8/23
Analyst: KW

Contaminants	Result (CFU/g)	RL (CFU/g)	Action Level (CFU/g)	Pass/Fail
Total Aerobic	450	100	100,000	Pass
Total Yeast/Mold	13000	100	10,000	Fail
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: 06/06/23
Instrument: Visual Inspection

Prep Date: 06/06/23
Method: SOP-QA-0018

Analyst: JG

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: 06/07/23
Instrument: Rotronic CAT-0020

Prep Date: 06/07/23
Method: SOP-QA-0012

Analyst: JG

Analyte	Finding (Aw)	RL (Aw)	Action Level (Aw)	Pass/Fail
Water Activity	0.50	0.11	0.65	Pass

Moisture Content

Date Analyzed: 6/7/23
Instrument: Satorius CAT-0036

Prep Date: 6/7/23
Method: SOP-QA-0019

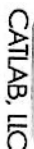
Analyst: JG

Analyte	Finding (%)	RL (%)
Moisture Content	9.9	6.0

7343 SD: 8.22% moisture. Potency with dry weight correction requested for sample 7343, used average of primary and duplicate at 9.04% moisture.

Deisy Peña-Romero Lab Director

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MTF368
ISO #112380

CATLAB, LLC CHAIN OF CUSTODY RECORD

Page 1 of 1

2002

Report To: Cathryn Kloetzl, Chris Ills, Amanda Leach

Cultivator or Mfg Name: Curaleaf

Email Address (for results): cathryn.kloetzli@curaleaf.com

christopher.miles@curaleaf.com

New Customer Information amanda.leach@curaleaf.com

Billing Address (if different): same

Address: 5 Drapeau St. Suite 101

Zip Code: 207.815.3020 x4157

Phone:

DSP105 (Medical)
Cultivator or Mfg License or Reg Number: ACDD863 (Adult Use)

DSP105 (Medical)

ACD863 (Adult Use)

Analyses Requested

Submittal Type

Adult Use: _____ R&D: _____ Medical: **X**

Medical: **X**

Personal/Other: _____

[illegible]

Comments, special instructions, or temperature requirements:

Please calculate dry weight potency.

*Sample types: flower, wet/frozen flower, trim, concentrate, CO₂/solvent based concentrate, edible, capsule, tincture, or 'other'

****For edibles, tinctures, and capsules please include serving size and servings per package information**

***Potency analysis tests Δ -9-THC, THCA, CBD, CBG, CBN, CBDA, THCV, CBDV, CBC, CBGA, exoTHC, Δ -8-THC

Samples collected by (print): Thomas Begin, RIC16839

Signature: [Signature] Date: 6/11/73

Signature: _____

Received at Lab by (print):

Signature: _____

Date: _____

Time: _____

QSD-0058 REV10 CJ 102122

[illegible]



OFFICE OF MARIJUANA POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

CAT LAB

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 Ron Harrison	Registry Identification Card Number RIC16474
Legal Name of Registration Certificate Holder, if applicable Maine Organic Therapy	Registration Certificate Number, if applicable DSP105

SECTION 2: Receiving Patient or Registrant

This section must be completed anytime marijuana or marijuana products for medical use are transported, including patient delivery and when a registered caregiver, registered dispensary, marijuana testing facility, or manufacturing facility is transporting marijuana or marijuana products from 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 NOT LIST NAME)

OR

Legal Name CatLab, LLC	Registration Identification Card Number MTF368
Legal Name of Registration Certificate Holder, if applicable	Registration Certificate Number, if applicable

SECTION 3: Description of Marijuana or Marijuana Products Transported

For each item transported, provide the amount (weight or units), product type (flower, wax, cartridges, etc.), and strain or other further identifying information of the marijuana or marijuana products.

This section must be completed by the transferring registrant.

11.4 g - FLOWER - MindFlare - 1 pkg

CAT LAB

SECTION 4: Departure Information

This section must be completed by the transferring registrant.

Start Date	6-1-23	Start Time	9:05				
Departure Address (Physical)	5 Drapeau St	City	Biddeford	State	ME	ZIP	04005

SECTION 5: Destination Information

This section must be completed by the transferring registrant.

Destination Address (Physical)	19 Levesque Drive	City	Eliot	State	ME	ZIP	03903
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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.

Printed Name of Receiving Registrant	Joc Cudds	Email Address		Phone Number	200-9950
Date Received	6-1-23	Time Received	1:32		
Signature	[Signature]				

CATLAB, LLC

Sample Receipt Condition Report

Order ID: 2000Samples Received Via: CATLAB Sampler/Courier Licensee Certified SamplerCustody 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 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?	Y / N / NA	Comments:
Analysis Marked on COC Match Bottles Rec'd?	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 Metric?	Y / N / NA	Comments:

Notes/Comments:

Initials/Date: B 6/02/23

Reviewer's Checklist	
<input checked="" type="checkbox"/> Client ID/Contact	If Adult Use:
<input checked="" type="checkbox"/> Reporting Instructions	
<input checked="" type="checkbox"/> Rushes Communicated	<input type="checkbox"/> Logged in Metric
<input checked="" type="checkbox"/> Temp, Condition OK	<input type="checkbox"/> Transfer Manifest
<input checked="" type="checkbox"/> Sample ID/Date/Time	If CATLAB Samples:
<input checked="" type="checkbox"/> Matrix	
<input checked="" type="checkbox"/> TAT Correct	
<input checked="" type="checkbox"/> Correct Analyses	<input type="checkbox"/> Sampling Form
	<input type="checkbox"/> Attestation Form
Initials: <u>LB</u> Date: <u>6/2/23</u>	