



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

Certificate of Analysis

Client Name	Warren West Group LLC	License Number	GR687
Address	289 New Portland Rd. Gorham, Maine 04038	Phone	207-253-9796
Order ID	2029	Sample Type	Dried Flower
Sample ID	07456	Strain	HB17 ICC RT 2
METRC Sample ID	1A40D0300004395000002999	Serving Mass (g)/ Package	/
Date Received	06/08/2023	Collected Sample Weight	22 g
Date/Time of Collection	06/06/2023 08:00 AM	Collected By	Warren West
		Date Generated	06/14/2023

Summary of Results

Microbiological Screening

All Results

Pass

Mycotoxins Screening

All Results

Pass

DISCLAIMER: mg/L=ppm, µg/L=ppb, "<" denotes "less than", TNTC = Too Numerous To Count. This report of analysis may not be modified in any way, or reproduced except in full, without written approval from CATLAB, LLC. Results as reported relate only to samples as submitted on the chain of custody. All sample results are based on samples as they are received. Not all potential/existing hazards were tested. Unless otherwise noted, analyses were performed without significant modifications and QC met the quality standards outlined in the methods reported. Measurement uncertainty is available upon request. The Reporting Limit (RL) is the lowest level of an analyte that can be accurately recovered from the matrix of interest. The Regulatory Limits (or Action Levels) for adult use mandatory testing samples are set by the Maine Office of Cannabis Policy (OCP). Total THC = D-9-THC + (THCA x 0.877). Total CBD = CBD + (CBDA x 0.877).



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Mycotoxins

Date Analyzed:
Instrument: CAT-0002, CAT-0112

Prep Date:
Method: SOP-QA-0031

Analyst:

Mycotoxin	Result (ug/kg)	RL (ug/kg)	Action Level (ug/kg)	Pass/Fail
Aflatoxin (B1,B2,G1,G2)	N/A	7.67	N/A	N/A
Ochratoxin A	N/A	0.869	N/A	N/A
Total Mycotoxins	< RL	8.54	20	Pass

Microbial Analysis

Prep Date Bacteria: NA
Date Analyzed Bacteria: NA
Instrument: CAT-0140, CAT-0152

Prep Date Ecoli/SLM: NA
Date Analyzed Ecoli/SLM: NA
Method: SOP-QA-0028, SOP-QA-0038

Prep Date Yeast and Mold: 6/9/23
Date Analyzed Yeast and Mold: 6/12/23
Analyst: KW

Contaminants	Result (CFU/g)	RL (CFU/g)	Action Level (CFU/g)	Pass/Fail
Total Aerobic	NA	100	100,000	NA
Total Yeast/Mold	3300	100	10,000	Pass
Total Enterobacter	NA	100	1,000	NA
Total Coliform	NA	100	1,000	NA
Escherichia Coli (E. Coli)	NA	1	1	NA
Salmonella spp	NA	1	1	NA

Deisy Peña-Romero Lab Director

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Order 209



CALLAB, LLC

Report To:

Cultivator or Mfg Name: WARREN WEST GROUP, LLC.

Email Address (for results):

Personal/Other: RETEST

Analyses Requested

Cultivator or Mfg License or Reg Number:

two w/f

Date: 1/1/2018



METRC®

MARIJUANA TRANSPORTATION MANIFEST

All sales transactions are to be completed prior to transportation of any MARIJUANA. The receiving entity may reject product delivered, but amount delivered must be limited to amount agreed upon in prior sales transaction.

Manifest No.	0000535416	Date Created	6/8/2023 9:41 AM
Originating Entity	WARREN WEST GROUP, LLC	For Agency Use Only	
Originating License Number	GR687		
Address of Originating Entity	289 NEW PORTLAND ROAD GORHAM, ME 04038 County: CUMBERLAND		
Phone No. of Originating Entity			
1. Destination	CATLAB, LLC	Destination Phone No.	
Destination License Number	TF368	Date and Approx. Time of Departure	6/8/2023 11:00 AM
Address of Destination	19 LEVESQUE DRIVE SUITES 3 AND 5 ELIOT, ME 03903-2079 County: YORK	Date and Approx. Time of Arrival	6/8/2023 12:00 PM
		Date/Time Received	6/8 1109
Route to be Traveled From 687 going to 368.		Notes: details for extenuating circumstances (e.g., road closure, flat tire, etc.)	
1. Outbound Transporter	CATLAB, LLC	No Layover Scheduled	
Transporter License Number	TF368		
Address of Transporter	19 LEVESQUE DRIVE SUITES 3 AND 5 ELIOT, ME 03903-2079 County: YORK		
Contact Phone No. for Inquiries: 9789928439			
Name of Person Transporting	Sydney Noyes	Employee ID of Driver	IIC5642
State Driver's License No.	S9683341 (MA)	Signature of Person Transporting	
Make, Model, License Plate No.	Toyota RAV4 CATLAB	Leg of Layover Trip	
1. Package Shipped	Production Batch No.	Item Name	Quantity
1A40D0300004395000002998 Lab Test: SubmittedForTesting		Harvest Batch_Ice CC (Buds/Flower)	Shp: 22.0000 g
Item Details	Strain: Ice Cream Cake		
Source Harvest	HB17_2023.05.03_Ice Cream Cake		
Source Package(s)	1A40D0300004395000002511		
Source Production Batch			
Req'd Lab Test Batches	Microbials - Total Yeast & Mold Count, Mycotoxins		
2. Package Shipped	Production Batch No.	Item Name	Quantity
1A40D0300004395000002999 Lab Test: SubmittedForTesting		Harvest Batch_Ice CC (Buds/Flower)	Shp: 22.0000 g
Item Details	Strain: Ice Cream Cake		
Source Harvest	HB17_2023.05.03_Ice Cream Cake		
Source Package(s)	1A40D0300004395000002511		
Source Production Batch			
Req'd Lab Test Batches	Microbials - Total Yeast & Mold Count, Mycotoxins		



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Manifest No.	0000535416	Date Created	6/8/2023 9:41 AM
PRODUCT REJECTION (if only a portion of shipment is rejected, circle that portion above)			
Name of Person Receiving or Rejecting Product	Ian Guite		
I confirm that the contents of this shipment match weight records entered above, and I agree to take custody of those portions of this shipment <i>not</i> circled above. Those portions circled were returned to the individual delivering this shipment.			
Signature		Date	6/8
Signature of individual taking receipt of rejected portion of this shipment			

Sample Receipt Condition Report

CATLAB, LLC

Order ID: 2029

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 Samples	# of Containers	Notes:
Flower	<u>2</u>	<u>2</u>	
Trim			
Pre-Roll			
Infused Pre-Roll			
Retail Units			
Concentrate			
Infused Edibles			
Solid Batch			
Liquid Batch			

Proper Sample Containers/Enough Sample?	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> NA	Comments:
Analysis Marked on COC Match Bottles Rec'd?	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> NA	Comments:
Date/Time/ID on Samples Match COC?	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> NA	Comments:
Rushes Communicates to analyst in writing?	<input type="checkbox"/> Y / <input type="checkbox"/> N / <input checked="" type="checkbox"/> NA	Comments:
Sample tampered, manipulated, adulterated or contaminated?	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / <input type="checkbox"/> NA	Comments:
AUMP Sample size by Batch Size OK?	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> NA	Comments:
Samples collected in the manner required by OMP?	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> NA	Comments:
Transport Manifest Received?	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> NA	Comments:
Samples Received in Metrc?	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> NA	Comments:

Initials/Date: EG 6-8-23

Notes/Comments:

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 checked="" type="checkbox"/> Logged in Metrc
<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>EG</u> Date: <u>6/4/23</u>	