

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



Certificate of Analysis

Client Name Curaleaf

Address 5 Drapeau St Suit 101

Biddeford ME 04005

Order ID 2035

Sample ID 07476

METRC Sample ID

Date Received 06/12/2023

Date/Time of Collection 06/12/2023 09:30 AM

License Number DSP105

Phone 207-815-3020

Sample Type Flower

Strain F7 23H2 20307PNT

Serving Mass (g)/ Package /

Collected Sample Weight 11.5g

Collected ByThomas Begin **Date Generated**06/16/2023

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	0.476			
CBD	< RL			
CBG	1.44			
CBN	< RL			
CBGA	8.80			
CBC	< RL			
exoTHC	< RL			
Δ9-THC	8.77			
Δ8ΤΗC	< RL			
THCA	230			
Total Cannabinoids %	25.0			
Total CBD mg/g	0.418			
Total THC mg/g	211			
Total CBD %	0.0418			
Total THC %	21.1			

Summary of Results

Terpenes Profile				
<u>Terpene</u>	Result %			
α-Pinene	0.030			
Camphene	0.012			
β-Pinene	0.049			
β-myrcene	0.066			
δ 3-carene	< RL			
α-Terpinene	< RL			
D-Limonene	0.23			
p-Cymene	< RL			
Eucalyptol	< RL			
Ocimene	< RL			
y-Terpinene	0.0051			
Terpinolene	0.017			
Linalool	0.17			
Isopulegol	< RL			
Geraniol	0.065			
β-Caryophyllene	0.45			
α-Humulene	0.14			
cis-Nerolidol	0.31			
trans-Nerolidol	0.42			
Guaiol	0.078			
Caryophyllene Oxide	0.15			
α-Bisabolol	0.18			
Total Terpenes (%)	2.4			



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

ME OCP: MTF368

Certificate of Analysis

Client Name Curaleaf

Address 5 Drapeau St Suit 101

Biddeford ME 04005

Order ID 2035

Sample ID 07476

METRC Sample ID

Date Received 06/12/2023

Date/Time of Collection 06/12/2023 09:30 AM

License Number DSP105

Phone 207-815-3020

Sample Type Flower

Strain F7 23H2 20307PNT

Serving Mass (g)/ Package /

Collected Sample Weight 11.5g

Collected By Thomas Begin

Date Generated 06/16/2023

Analyst: AC

Potency

Date Analyzed: 6/15/23 Prep Date: 6/14/23 Instrument: UPLC CAT-0002/CAT-0151 Method: SOP-QA-0016

Potency Result % Result (mg/g) Result (mg/package) **RL** (%) RL (mq/q)**CBDV** < RL < RL N/A 0.0101 0.101 THCV < RL < RL N/A 0.0101 0.101 **CBDA** 0.0476 0.476 N/A 0.0101 0.101 CBD < RL < RL N/A 0.0101 0.101 CBG 0.144 1.44 N/A 0.0101 0.101 CBN < RL < RL 0.0101 0.101 N/A **CBGA** 0.880 8.80 N/A 0.0101 0.101 CBC < RL < RL N/A 0.0101 0.101 exoTHC 0.101 < RI < RL N/A 0.0101 Δ9-ΤΗС 0.877 8.77 N/A 0.0101 0.101 Δ8ΤΗС < RL < RL N/A 0.0101 0.101 0.0101 0.101 THCA 23.0 230 N/A

Sample duplicate failure for THC, >20% RPD, caused by hot spot in flower matrix. Total THC RPD 6.8%.



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

ME OCP: MTF368

Certificate of Analysis

Client Name Curaleaf

Address 5 Drapeau St Suit 101

Biddeford ME 04005

Order ID 2035

07476 Sample ID

METRC Sample ID

Date Received 06/12/2023

Date/Time of Collection 06/12/2023 09:30 AM

License Number DSP105

Phone 207-815-3020

Sample Type Flower

F7 23H2 20307PNT Strain

Serving Mass (g)/ Package /

Collected Sample Weight 11.5g

Collected By Thomas Begin

Analyst: RW

Date Generated 06/16/2023

Terpenes

Date Analyzed: 6/16/23 Prep Date: 6/15/23 Instrument: CAT-0114 Method: SOP QA-0032

Terpenes	Result (% weight)	RL (% weight)
α-Pinene	0.030	0.0050
Camphene	0.012	0.0050
β-Pinene	0.049	0.0050
β-myrcene	0.066	0.0050
δ 3-carene	< RL	0.0050
α-Terpinene	< RL	0.0050
D-Limonene	0.23	0.0050
p-Cymene	< RL	0.0050
Eucalyptol	< RL	0.0050
Ocimene	< RL	0.0050
y-Terpinene	0.0051	0.0050
Terpinolene	0.017	0.0050
Linalool	0.17	0.0050
Isopulegol	< RL	0.0050
Geraniol	0.065	0.025
β-Caryophyllene	0.45	0.0050
α-Humulene	0.14	0.0050
cis-Nerolidol	0.31	0.0054
trans-Nerolidol	0.42	0.0029
Guaiol	0.078	0.0050
Caryophyllene Oxide	0.15	0.0050
α-Bisabolol	0.18	0.0050

QC failure for some analytes of interest.



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

ME OCP: MTF368

Certificate of Analysis

Client Name Curaleaf

Address 5 Drapeau St Suit 101

Biddeford ME 04005

Order ID 2035

07476 Sample ID

METRC Sample ID

Date Received 06/12/2023

Date/Time of Collection 06/12/2023 09:30 AM

License Number DSP105

Phone 207-815-3020

Sample Type Flower

F7 23H2 20307PNT Strain

Serving Mass (g)/ Package /

Collected Sample Weight 11.5g

Collected By Thomas Begin

Date Generated 06/16/2023

Pesticides

Date Analyzed: 6/15/23 **Prep Date:** 6/14/23 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



19 Levesque Dr. #3 Eliot. ME 03903 207-200-9950

ME OCP: MTF368

Certificate of Analysis

Client Name Curaleaf

Address 5 Drapeau St Suit 101

Biddeford ME 04005

Order ID 2035

Sample ID 07476

METRC Sample ID

Date Received 06/12/2023

Date/Time of Collection 06/12/2023 09:30 AM

License Number DSP105

Phone 207-815-3020

Sample Type Flower

Strain F7 23H2 20307PNT

Serving Mass (g)/ Package /

Collected Sample Weight 11.5g

Collected By Thomas Begin

Date Generated 06/16/2023

Pesticides

Date Analyzed: 6/15/23 **Prep Date:** 6/14/23 Instrument: CAT-0162 Method: SOP OA-0040 Analyst: LCH

Finding (PPB)	LOQ (PPB)	Limit (PPB)	Pass/Fail
< RL	31.2	1000	Pass
< RL	52.5	400	Pass
< RL	199	200	Pass
< RL	55.8	200	Pass
< RL	59.0	2000	Pass
< RL	103	200	Pass
< RL	59.5	400	Pass
< RL	31.2	200	Pass
< RL	248	1000	Pass
< RL	59.8	200	Pass
< RL	62.4	200	Pass
< RL	62.5	200	Pass
< RL	37.5	200	Pass
< RL	37.9	400	Pass
< RL	69.2	400	Pass
< RL	31.2	200	Pass
< RL	62.6	200	Pass
< RL	59.3	200	Pass
	< RL	<pre> <rl 103="" 199="" 248="" 31.2="" 37.5="" 37.9="" 52.5="" 55.8="" 59.0="" 59.5="" 59.8="" 62.4="" 62.5="" 62.6<="" 69.2="" <rl="" pre=""></rl></pre>	< RL

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 CCV (high bias for chlorpyrifos, fenpyroximate, permethrins, spiromesifen, etoxazole, flonicamid, prallethrin), LCS (chlorpyrifos, cyfluthrin, etoxazole, fenpyroximate, flonicamid, hexythiazox, prallethrin, permethrins), and spiked matrix sample.



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



Certificate of Analysis

Client Name Curaleaf

Address 5 Drapeau St Suit 101

Biddeford ME 04005

Order ID 2035

Sample ID 07476

METRC Sample ID

Date Received 06/12/2023

Date/Time of Collection 06/12/2023 09:30 AM

License Number DSP105

Phone 207-815-3020

Sample Type Flower

Strain F7 23H2 20307PNT

Serving Mass (g)/ Package /

Collected Sample Weight 11.5g

Collected By Thomas Begin

Date Generated 06/16/2023

Heavy Metals

Date Analyzed: 6/15/23 Prep Date: 6/14/23 Instrument: CAT-0093 Method: SOP-QA-0030

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: 6/13/23 Date Analyzed Bacteria: 6/14/23 Instrument: CAT-0140, CAT-0152 Prep Date Ecoli/SLM: 6/13/23
Date Analyzed Ecoli/SLM: 6/15/23

Method: SOP-QA-0028, SOP-QA-0038

Prep Date Yeast and Mold: 6/13/23

Date Analyzed Yeast and Mold: 6/16/23

Analyst: ITG

Analyst: KW

Contaminants	Result (CFU/g)	RL (CFU/g)	Action Level (CFU/g)	Pass/Fail
Total Aerobic	210	100	100,000	Pass
Total Yeast/Mold	67000	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



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

ME OCP: MTF368

Certificate of Analysis

Client Name Curaleaf

Address 5 Drapeau St Suit 101

Biddeford ME 04005

 Order ID
 2035

 Sample ID
 07476

METRC Sample ID

Date Received 06/12/2023

Date/Time of Collection 06/12/2023 09:30 AM

License Number DSP105

Phone 207-815-3020

Sample Type Flower

Strain F7 23H2 20307PNT

Serving Mass (g)/ Package /

Collected Sample Weight 11.5g

Collected By Thomas Begin

Date Generated 06/16/2023

Filth and Foreign Materials

Instrument: Visual Inspection 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



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

ME OCP: MTF368

Certificate of Analysis

Client Name Curaleaf **Address**

5 Drapeau St Suit 101 Biddeford ME 04005

Order ID 2035

07476 Sample ID

METRC Sample ID

Date Received 06/12/2023

Date/Time of Collection 06/12/2023 09:30 AM

License Number DSP105

Phone 207-815-3020

Sample Type Flower

F7 23H2 20307PNT Strain

Serving Mass (g)/ Package /

Collected Sample Weight 11.5g

Collected By Thomas Begin **Date Generated** 06/16/2023

Water Activity

Date Analyzed: 06/14/23 Prep Date: 06/14/23

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

Analyte	Finding (Aw)	RL (Aw)	Action Level (Aw)	Pass/Fail
Water Activity	0.54	0.11	0.65	Pass

Moisture Content

Date Analyzed: 06/15/23 **Prep Date:** 06/15/23

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

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

Deisy Peña-Romero Lab Director

CATLAB, LLC CHAIN OF CUSTODY RECORD



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

١	P
	Page
	-
	<u>`</u> 9
	-

Pers	Adult Use:	
Personal/Other:	R&D:	Submital Type
	Medical: X	ē

			6	T_s	co	Τ	Т	T	T	T	T	П	T		TT
	Address: City, State:	Zip Code: Phone:	mple Number	Sample Number (lab use only)		7473	7474	7475	70176						
2	5 Drapeau St. Suite 101 Biddeford, ME 04005	207.815.3020 x4157		Sample Identification (as found on container)	attach	FIO 23HZ 230410345	F7 23HZ 232713K5	F17 73 HZ 230417 CRE	F7 23HZ 25027PMT						
New Customer Information	Billing Address (if different): same	Cultivator o		Sample Type*	e a	57	Ś								
r Informatio	ess (if differe	r Mfg Licens		Date Collected	s										
	ent): same	e or Reg Num		Time Collected	h e										
upher itte da.leach		DSF her: ACE		Sample Size	e t										
christopher.illes@curaleaf.com amanda.leach@curaleaf.com		DSP105 (Medical) Cultivator or Mfg License or Reg Number: ACD863 (Adult Use)		Serving Size**	N/A										
eaf.com af.com		dical) ult Use)		Servings per Package**	N/A										
				Potency	×										
		,	eneity	Homoge											
		ile	e Profil	Terpene	×										
A		ents	al Solve	Residual											
nalys	erial	eign Mat	d Forei	Filth and	×										
Analyses Requested	ities	al Impur	iologica	Microbio	×										
quest		У	Activity	Water Ac	×	Ì									
g	s	hratoxin	ns/Ocł	Aflatoxin									1		
				Metals	×	-									
			es	Pesticide	×	_							1		
		ture	Moist	Percent N	×*	1									

Please calculate dry weight potency.

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

Ť
2
æ
ο.
亨
dibles, ti
-
2
- 2
5
es
nı
5
<u>-</u>
à
S
5
ß
P
P
S
æ
⊇.
윤
à
D
Se
2
3.
90
S.
D
5
ā
S
3
=
m
70
ě
7
ĕ
5
36
P
2.
ō
ŝ
a
=
es, tinctures, and capsules please include serving size and servings per package information

Received in field by (print): Signature: Received at Lab by (print):	red in field by (print): Date: Time: Trime: Trime: Trime:
	Date: Time: Time: Time:
	Date: Time: Time:
EN-A-DOM-WE	

Ordes 2035

Sample Number (lab use only)	Sample ID (as on container)	Sample Type	Date	Time Collected	Sample	Analyses Requested
としゃし	BKS	Flower	6/12/23	9:30	11.2 g	All items marked 'X' on CoC Record.
としょし	F7 23H2 230307BKS /	Flower	6/12/23	9:30	11.5 g	Same
つらつら	F17 23H2 230417CRE V Flower	Flower	6/12/23	9:30	11.2 g	Same
9 ChC	F7 23H2 230307PNT	Flower	6/12/23	9:30	11.5 g	Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						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.

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 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.)	ducts for medical use are transported, including patient delivery and when a , or manufacturing facility is transporting marijuana or marijuana products fro OT LIST NAME)
	OR
Legal Name CatLab,LLC	OR Registration Identification Card Number MTF368
Legal Name CatLab, LLC Legal Name of Registration Certificate Holder, if applicable	Registration Identification Card Number

CATLAB

SECTION 4: Departure Informa This section must be completed by the transferring region.	Start Time		
Start Date 6 - 12 - 23	Start Time /O	:00:	
Departure Address (Physical) 5 Drapeau St	City Biddeford	State ME	04005
SECTION 5: Destination Inform This section must be completed by the transferring reg	nation istrant.		
Destination Address (Physical)	City	State	ZIP
Destination Address (Filysical)		N A C	เกวกกว
19 Levesque Drive	Eliot	ME	03903 t of Receipt
19 Levesque Drive SECTION 6: Receiving Registra This form is incomplete without a signature by the received. This section must be completed by the receiving registra	tion Signature and Ackreiving registrant listed in Section 2. If the	person listed in Section	t of Receipt on 2 is a patient, no signatur
19 Levesque Drive SECTION 6: Receiving Registra This form is incomplete without a signature by the receivered. This section must be completed by the receiving registra	Eliot tion Signature and Ackr eiving registrant listed in Section 2. If the rant.	person listed in Section	t of Receipt on 2 is a patient, no signatur

CATLAB, LLC Sample Receipt Condition Report				
Samples Received Via: CATLAB Sampler/Courier Viscons Order ID: 35				
Samples Received Via: CATLAB Sampler/Courier Licensee Certified Sampler Custody Seals Present and Intact on Transport Contains				
Custody Seals Present and Intact on Transport Container: Yes No N/A Comments:				
Custody Seals Present and Intact on Transport Container:Yes No N/A Comments: Yes				
Type of submittal:MedicalAdult UseOther				
Receipt Temp: Humidity: If needed, ice present? Y / N Ambient: X				
Samples Received # of Samples # of Containers Natural Processing P				
Flower	4	# of Containers	Notes:	
Trim				
Pre-Roll				
Infused Pre-Roll				
Retail Units				
Concentrate				
Infused Edibles				
Solid Batch				
Liquid Batch	-			
Proper Sample Containers/Fnough Sample IVA / N. / N				
Proper Sample Containers/Enough Sample? (Y/N/NA Comments: Analysis Marked on COC Match Bottles Rec'v? (V/N/NA Comments:				
Pate/Time/ID on Samples Mark Comments:				
Date/Time/ID on Samples Match COC? N / NA Comments: Rushes Communicates to analyst in writing? Y / N / NA Comments:				
Sample tampered				
AUMP Sample size by Batch Size OK? Y / N / NA Comments:				
Samples collected in the manner required by OMP? Y / N / NA Comments:				
i city i comments.				
Comments.				
Notes/Comments: Initials/Date: 🗷 6 6 12 3				
Client ID/Contact Reviewer's Checklist				
_ Reporting Instruction				If Adult Use:
Rushes Communicat	15			Logged in Metrc
Temp, Condition OK	ea			Transfer Manifest
Sample ID/Date/Tim	•			If CATLAB Samples:
Matrix	c			Sampling Form
_TAT Correct				Attestation Form
Correct A				
2.000		Initials:	Date: 6/13/23	5