

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	2045	Strain	F12 23H2 230512CFD
Sample ID	07517	Serving Mass (g)/ Package	e /
METRC Sample ID		Collected Sample Weight	11.4g
Date Received	06/14/2023	Collected By	Thomas Begin
Date/Time of Collection	06/14/2023 08:15 AM	Date Generated	06/21/2023

Summary of Results

Water Activity Profile						
All Results	Pass					
Filth and Foreign Mat	erials Screening					
All Results	Pass					
Microbiological	Screening					
All Results	Fail					
Moisture Scr	eening					
All Results Pass						
Heavy Metals S	creening					
All Results	Pass					
Pesticides Screening						
All Results	Pass					

Potency Profile				
<u>Cannabinoid</u>	Result mg/g			
CBDV	< RL			
THCV	< RL			
CBDA	0.466			
CBD	< RL			
CBG	0.787			
CBN	< RL			
CBGA	11.8			
СВС	< RL			
exoTHC	< RL			
Δ9-THC	4.82			
Δ8ΤΗϹ	< RL			
ТНСА	228			
Total Cannabinoids %	24.6			
Total CBD mg/g	0.409			
Total THC mg/g	205			
Total CBD %	0.0409			
Total THC %	20.5			

Summary of Results

Terpenes Profile				
Terpene	Result %			
α-Pinene	0.037			
Camphene	0.0067			
β-Pinene	0.060			
β-myrcene	0.083			
δ3-carene	0.021			
α-Terpinene	0.015			
D-Limonene	0.072			
p-Cymene	< RL			
Eucalyptol	0.0084			
Ocimene	0.15			
y-Terpinene	0.012			
Terpinolene	0.37			
Linalool	0.012			
Isopulegol	< RL			
Geraniol	0.034			
β-Caryophyllene	0.31			
α-Humulene	0.099			
cis-Nerolidol	0.14			
trans-Nerolidol	0.043			
Guaiol	0.091			
Caryophyllene Oxide	0.20			
α-Bisabolol	0.18			
Total Terpenes (%)	1.9			



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Potency

Date Analyzed Instrument: UP	: 6/19/23 /LC CAT-0002/CAT-0151	Prep Date: 06/16/23 Method: SOP-QA-0016		Analyst: 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	0.0466	0.466	N/A	0.0101	0.101
CBD	< RL	< RL	N/A	0.0101	0.101
CBG	0.0787	0.787	N/A	0.0101	0.101
CBN	< RL	< RL	N/A	0.0101	0.101
CBGA	1.18	11.8	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	0.482	4.82	N/A	0.0101	0.101
Δ8ΤΗΟ	< RL	< RL	N/A	0.0101	0.101
THCA	22.8	228	N/A	0.0101	0.101



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Terpenes

Date Analyzed: 6/19/23 Instrument: CAT-0112	Prep Date: 6/16/23 Method: SOP QA-0032	Analyst: RW
Terpenes	Result (% weight)	RL (% weight)
α-Pinene	0.037	0.0050
Camphene	0.0067	0.0050
β-Pinene	0.060	0.0050
β-myrcene	0.083	0.0050
δ3-carene	0.021	0.0050
α-Terpinene	0.015	0.0050
D-Limonene	0.072	0.0050
p-Cymene	< RL	0.0050
Eucalyptol	0.0084	0.0050
Ocimene	0.15	0.0050
y-Terpinene	0.012	0.0050
Terpinolene	0.37	0.0050
Linalool	0.012	0.0050
Isopulegol	< RL	0.0050
Geraniol	0.034	0.025
β-Caryophyllene	0.31	0.0050
α-Humulene	0.099	0.0050
cis-Nerolidol	0.14	0.0054
trans-Nerolidol	0.043	0.0029
Guaiol	0.091	0.0050
Caryophyllene Oxide	0.20	0.0050
α-Bisabolol	0.18	0.0050

QC failure for some analytes of interest.

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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Pesticides

Date Analyzed: 06 Instrument: CAT-0			•	Date: 06 od: SOP (A	nalyst: 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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Pesticides

	Prep Date: 06/19/23 Method: SOP QA-0040				
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).

Permethrin is measured as cumulative residue of cis- and trans- permethrin isomers. (CAS # 54774-45-7 and 51877-74-8, respectively).
 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 presented analytes outside criteria in CCV's (Acequinocyl, Chlorfenapyr, Etofenprox, Hexythiazox, Permethrins), LCS (Acephate, Chlorfenapyr, Dichlorvos, Etofenprox, Methomyl, Prallethrin, Permethrins, Spinosads, Abamectin), and Spiked matrix Sample.



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Heavy Metals

Date Analyzed: 6/20/23 Instrument: CAT-0093		Prep Date: 6/16/23 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: 6/15/23 Date Analyzed Bacteria: 6/16/23 Instrument: CAT-0140, CAT-0152 Prep Date Ecoli/SLM: 6/15/23 Date Analyzed Ecoli/SLM: 6/16/23 Method: SOP-QA-0028, SOP-QA-0038 Prep Date Yeast and Mold: 6/16/23 Date Analyzed Yeast and Mold: 6/19/23 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	< 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: 06/15/23 Instrument: Visual Inspection	Prep Date: 06/15/23 Method: SOP-QA-0018	Analys	t: 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: 06/14/2 Instrument: Rotronic CA		Prep Date: 06/14/23 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 Instrument: Satorius CAT-0036	Prep Date: 06/15/23 Method: SOP-QA-0019	Analyst: JG
Analyte	Finding (%)	RL (%)
Moisture Content	10	6.0

Deisy Peña-Romero Lab Director

Signature: Horman & Beal	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	Tor 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'		Comments, special Instructions, or temperature requirements:								-1518 F. 23HZ 230512 Pat	7517 FIZ 7342 23051265	see attach	ab use only) (as found on cc	Zip Code: 207.815.3020 x4157 Phone:			CAILAB, LLC		Eliot, Maine 03903	19 Exercise Drive	
	016839	A, THCV, CBD	e and serving	O2/solvent ba		equirement								Ĉ	Ü	e d	Sample Type*	Cultivator	guina Ado	Vew Custom	Email Add	Cultivator	Report To:		
Date: 61		V, CBC, CBGA,	s per package	ised concentra	Ple	ß										s	Date Collected	or Mfg Licens	iress (ir difter	New Customer Information	ress (for res	Cultivator or Mfg Name:		CATI	
6/17)7		ехоТНС, Δ-8-Т	information	te, edible, cap	Please calculate dry weight pote											h e	Time Collected	Cultivator or Mfg License or Reg Number:	billing Address (ir different): Same		11 👾	e: Curaleaf	Cathryn Kloetzli, Chris Illes, Amanda Leach	CATLAB, LLC CHAIN OF CUSTODY R	
6	-			sule, tincture,	ulate di											е +	Sample Size		CD	da.leach	yn.kloetz opher.ill	leaf	Chris Ille	CHAIN	
Signature:	Received at Lab by (print):	Signature:	Received in field by (print):	or 'other'	ry weigł											N/A	Serving Size**	DSP105 (Medical) ACD863 (Adult Use		amanda.leach@curaleaf.com	cathryn.kloetzli@curaleaf.con christopher.illes@curaleaf.con		s, Amand	OF CUST	
	b by (print):		eld by (print):		nt potency.											N/A	Servings per Package**	edical) dult Use)		af.com	leaf.com		a Leach	TODY RECORD	
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Time:	Date:	Time:	Date:									T		1		1	Aflatoxins/O	chratoxir	IS	ited		Med	e	5	
1.12															>	< 1	Metals					Medical:		.ef	
2312						L	-		_						>	< F	Pesticides					×		1	
V	1														>	\$ F	Percent Mois	sture							

QSD-0058 REV10 CJ 102122

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Order

Sample Number	Sample ID	Sample	Date	Time Collected	Sample	Analyses Requested
(Idd) use only)	(as on container)	Туре	Collected		Size	
120	F12 23H2 230512CFD	Flower	6/14/23	8:15	11.4 g	All items marked 'X' on CoC Record.
		-				FULA . Flease cale of y weight potency
2156	F12 23H2 230512POG	Flower	6/14/23	8:15	11.1 g	Same
-						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same

JFFICE OF ine JANA POI DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

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
registered caregiver, registered dispensary, manyuana testing facility one of its registered locations to a different registered location. This section must be completed by the transferring registrant.	ducts for medical use are transported, including patient delivery and when a , or manufacturing facility is transporting marijuana or marijuana products from
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 Noted to the second sec	
Patient Identification Number/Medical Certification Number (DO N	OR
Patient Identification Number/Medical Certification Number (DO Noted to the second sec	OR Registration Identification Card Number

This section must be completed by the transferring reg tart Date $6 - 14 \cdot 23$	Start Time	7:00	
Departure Address (Physical) 5 Drapeau St	City Biddeford	State ME	ZIP 04005
SECTION 5: Destination Inform This section must be completed by the transferring re-			
Destination Address (Physical) 19 Levesque Drive	City	State ME	ZIP 03903
SECTION 6: Receiving Registra This form is incomplete without a signature by the rec required. This section must be completed by the receiving regist	eiving registrant listed in Section 2. I	cknowledgment f the person listed in Section	t of Receipt on 2 is a patient, no sig
This form is incomplete without a signature by the rec required. This section must be completed by the receiving regist	eiving registrant listed in Section 2. I	the person listed in Section	on 2 is a patient, no sig

Sample Receipt Condition Report

CATLAB, LLC	Sumple Receipt Condition Report
Custody Seals Present an Type of submittal:M	CATLAB Sampler/Courier Licensee Certified Sampler Intact on Transport Container: Yes No N/A Comments: Intact on Sample Containers: Yes No N/A Comments: edical Adult Use Other Comments: Umidity: If needed, ice present? Y/N Ambient:

	# of Samples	# of Containers	Samples Received Notes:
Flower	2	2	
Trim			Dry Weight Patency
Pre-Roll			
Infused Pre-Roll			
Retail Units			
Concentrate			
Infused Edibles			
Solid Batch			
Liquid Batch			

		\cup	Initials/Date: 75 6/14/23
Samples Received in Metrc?	Y/N/	INA	Comments:
Transport Manifest Received?	Y/N/	NA	Comments:
Samples collected in the manner required by OMP?	Y/N/	NA	Comments:
AUMP Sample size by Batch Size OK?	Y/N/	(NA)	Comments:
Sample tampered, manipulated, adulterated or contaminated?	YM	/NA	Comments:
Rushes Communicates to analyst in writing?	Y/N/	(NA)	Comments:
Date/Time/ID on Samples Match COC?	M/N/	/ NA	Comments:
Date/Time/ID an Smith Bottles Rec V/		NA	comments:
Proper Sample Containers/Enough Sample? Analysis Marked on COC Match Bottles Rec'v?	NV IN	/ N/A	Comments.

Client ID/Contact	Reviewer's Checklist	
Reporting Instructions		If Adult Use:
Rushes Communicated		Logged in Metrc
Temp, Condition OK		Transfer Manifest
Sample ID/Date/Time		If CATLAB Samples:
Matrix		Sampling Form
TAT Correct		Attestation Form
Correct Analyses	Initials: 26 Date: 6/14/23	

QSD-0002 REV3 jcs 092821