

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

ME OCP: MTF368

Certificate of Analysis

Highbrow Industries LLC -**Client Name**

Medical

Address 55 Topsham Fair Mall Rd,

Topsham, ME 04086

Order ID 2048

07523 Sample ID

METRC Sample ID

Date Received 06/15/2023

Date/Time of Collection

06/13/2023 11:30 AM

License Number CGR25535

Phone

Concentrate CO₂/ Sample Type

Solvent

Laurel Crest CBD Strain

Isolate

Serving Mass (g)/

Package

Collected Sample

7.5g Weight

Collected By CharlesnNau

Date Generated 06/22/2023

Summary of Results

Microbiological	Screening
All Results	Pass

Heavy Metals S	creening
All Results	Pass

Residual Solvents	Screening
All Results	Pass

Pesticides Sci	reening
All Results	Pass

Potency Profile				
<u>Cannabinoid</u>	Result mg/g			
CBDV	2.90			
THCV	< RL			
CBDA	< RL			
CBD	876			
CBG	< RL			
CBN	< RL			
CBGA	< RL			
CBC	< RL			
exoTHC	< RL			
Δ9-THC	0.234			
Δ8ΤΗC	< RL			
THCA	< RL			
Total Cannabinoids %	0.314			
Total CBD mg/g	876			
Total THC mg/g	0.234			
Total CBD %	87.6			
Total THC %	0.0234			



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Isolate

Analyst: AC

Serving Mass (g)/

Package

Collected Sample

Weight

7.5g

Collected By CharlesnNau **Date Generated** 06/22/2023

Potency

Date Analyzed: 06/22/23 Prep Date: 06/21/23 Instrument: UPLC CAT-0002/CAT-0151 Method: SOP-QA-0016

Potency	Result %	Result (mg/g)	Result (mg/package)	RL (%)	RL (mg/g)
CBDV	0.290	2.90	N/A	0.0214	0.214
THCV	< RL	< RL	N/A	0.0214	0.214
CBDA	< RL	< RL	N/A	0.0214	0.214
CBD	87.6	876	N/A	0.0214	0.214
CBG	0.0147	0.147	N/A	0.0214	0.214
CBN	< RL	< RL	N/A	0.0214	0.214
CBGA	< RL	< RL	N/A	0.0214	0.214
CBC	< RL	< RL	N/A	0.0214	0.214
exoTHC	< RL	< RL	N/A	0.0214	0.214
Δ9-ΤΗС	0.0234	0.234	N/A	0.0214	0.214
Δ8ΤΗC	< RL	< RL	N/A	0.0214	0.214
THCA	< RL	< RL	N/A	0.0214	0.214

CRM Failure for CBD, 65%. Flag required.



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Package

Collected Sample 7.5g

Weight **Collected By**

CharlesnNau

Date Generated 06/22/2023

Residual Solvents

Date Analyzed: 6/19/23 Prep Date: 6/16/23

Instrument: CAT-0156 Method: SOP QA-0036 Analyst: LCH

Analyte	Result (PPM)	RL (PPM)	Action Limit (PPM)	Pass/Fail
Acetone	< RL	600	5000	Pass
Acetonitrile	< RL	289	410	Pass
Butanes	< RL	695	5000	Pass
Ethanol	< RL	699	5000	Pass
Ethyl acetate	< RL	660	5000	Pass
Ethyl ether	< RL	597	5000	Pass
Heptanes	< RL	613	5000	Pass
Hexane	< RL	263	290	Pass
Isopropyl alcohol	< RL	723	5000	Pass
Methanol	< RL	697	3000	Pass
Pentane	< RL	665	5000	Pass
Propane	< RL	957	5000	Pass
Toluene	< RL	660	890	Pass
m,p-Xylenes	< RL	337	2170*	Pass
o-Xylenes	< RL	342	2170*	Pass
1,2-Dichloroethane	< RL	1.00	1	Pass
Benzene	< RL	1.00	1	Pass
Chloroform	< RL	1.00	1	Pass
Ethylene oxide	< RL	1.00	1	Pass
Methylene chloride	< RL	1.00	1	Pass
Trichloroethylene	< RL	0.900	1	Pass

Note: QC presented analytes outside criteria in a CCV (high bias for propane, butane, ethyl ether, hexane, and heptane) and LCS (ethylene oxide and hexane).



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Phone

Concentrate CO₂/ Sample Type

Solvent

Laurel Crest CBD Strain

Isolate

7.5g

Analyst: LCH

Serving Mass (g)/

Package

Collected Sample

Weight

Collected By CharlesnNau

Date Generated 06/22/2023

Pesticides

Date Analyzed: 6/19/23 **Prep Date:** 6/16/23 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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CGR25535

Solvent

Isolate

7.5g

Analyst: LCH

Concentrate CO₂/

Laurel Crest CBD

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Strain

Serving Mass (g)/

Package

Sample Type

Collected Sample

License Number

Phone

Weight

Collected By CharlesnNau **Date Generated** 06/22/2023

Pesticides

Date Analyzed: 6/19/23 **Prep Date:** 6/16/23 Instrument: CAT-0162 Method: SOP OA-0040

06/15/2023

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 CCV, LCS (acequinocyl, chlorfenapyr, prallethrin, pyridaben), and spiked matrix sample.



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Order ID 2048

Sample ID **METRC Sample ID**

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06/13/2023 11:30 AM

License Number

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Concentrate CO₂/ Sample Type

Solvent

CGR25535

Laurel Crest CBD Strain

Isolate

Analyst: ITG

Serving Mass (g)/

Package

Collected Sample

Weight

7.5a

Collected By CharlesnNau

Date Generated 06/22/2023

Heavy Metals

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

Metals	Result (ug/kg)	RL (ug/kg)	Action Level (ug/kg)	Pass/Fail
Arsenic	< RL	53.5	200	Pass
Cadmium	< RL	26.6	200	Pass
Lead	< RL	27.6	500	Pass
Mercury	< RL	2.42	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	10,000	Pass
Total Yeast/Mold	< RL	100	1,000	Pass
Total Enterobacter	<100	10	100	Pass
Total Coliform	<100	10	100	Pass
Escherichia Coli (E. Coli)	< RL	1	1	Pass
Salmonella spp	< RL	1	1	Pass



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Solvent

Strain

Laurel Crest CBD

Isolate

Serving Mass (g)/

Package

Collected Sample

Weight

7.5g

Collected By CharlesnNau 06/22/2023

Date Generated

Deisy Peña-Romero Lab Director

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

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Order 2048

Email Address (for results): charlespaniehigh browning	Cultivator or Mfg Name: Laurel Crest	Report To: Highbrow Industries
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Collected		or Reg Num		<u>.</u> ;	2	Email Address (for results): charlesnau@highbrowmaine.com	Cultivator or Mfg Name: Laurel Crest	Report To: Highbrow Industries
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7503	Laurel Crest CBD Isolate	Concnetrat, 06-13-2023 11:30 am	6-13-2023	11:30 am	5 x 1.5g	N/A	N/A	∑ p	H	Ţ	₹ R	F		M	A	7	+	Pe
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Samples collected by (print): Charles Nau ***Potency analysis tests A-9-THC, THCA, CBD, CBG, CBN, CBDA, THCV, CBDV, CBC, CBGA, exoTHC, A-8-THC

Signature:

Signed at: 2023-06-13 11 07 01

Date: 06/13/2023

Signature:

Time:	Signature:
Date:	Received at Lab by (p/int): /
Time: 320	Signature:
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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. For more information: https://www.maine.gov/dafs/omp/medical-use/applications-forms.

SECTION 1: Transferring Registrant This section must be completed by the transferring registrant. Legal Name Charles Doherty Legal Name of Registration Certificate Holder, if applicable SECTION 2: Receiving Patient or Registrant This section must be completed anytime marijuana or marijuana products for medical use are transported, including patier registered caregiver, registered dispensary, marijuana testing facility, or manufacturing facility is transporting marijuana 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 Registration Certificate Number, if applicable SECTION 3: Description of Marijuana or Marijuana Products Transport For each item transported, provide the amount (weight or units), product type (flower, wax, cartridges, etc.), and strain or of information of the marijuana or marijuana products.	ent delivery and when a or marijuana products from
Charles Doherty Legal Name of Registration Certificate Holder, if applicable SECTION 2: Receiving Patient or Registrant This section must be completed anytime marijuana or marijuana products for medical use are transported, including patier registered caregiver, registered dispensary, marijuana testing facility, or manufacturing facility is transporting marijuana on 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 Legal Name of Registration Certificate Holder, if applicable Registration Certificate Number, if applicable SECTION 3: Description of Marijuana or Marijuana Products Transported provide the amount (variebt equality) and the sum of Marijuana Products Transported provide the amount (variebt equality) and the sum of Marijuana Products Transported provide the amount (variebt equality) and the sum of Marijuana Products Transported provide the amount (variebt equality) and the sum of Marijuana Products Transported provide the amount (variebt equality) and the sum of Marijuana Products Transported provide the amount (variebt equality) and the sum of Marijuana Products Transported provide the amount (variebt equality) and the sum of Marijuana Products Transported provide the amount (variebt equality) and the sum of Marijuana Products Transported provide the amount (variebt equality) and the sum of Marijuana Products Transported provide the amount (variebt equality) and the sum of Marijuana Products Transported provide the amount (variebt equality) and the sum of Marijuana Products Transported provide the amount (variebt equality) and the sum of Marijuana Products Transported provide the sum of Marijuana Products Transpo	ent delivery and when a or marijuana products from
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registered caregiver, registered dispensary, marijuana or marijuana products for medical use are transported, including patier registered caregiver, registered dispensary, marijuana testing facility, or manufacturing facility is transporting marijuana 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 Legal Name of Registration Certificate Holder, if applicable Registration Certificate Number, if applicable SECTION 3: Description of Marijuana or Marijuana Products Transported provide the amount (peright or marijuana products Transported).	or marijuana products from
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SECTION 3: Description of Marijuana or Marijuana Products Transported, provide the amount (weight or units), product type (flower way continued).	
This section must be completed by the transferring registrant. See Attached Chain of Custody Form(s) SECTION 4: Departure Information This section must be completed by the transferring registrant.	
Start Date Start Time	The state of the s
06/13/2023	
City State	ZIP
55 Topsham Fair Mall Rd. Topsham Maine	04086
SECTION 5: Destination Information This section must be completed by the transferring registrant.	
Destination Address (Physical) 19 Levesque Dr. City Fliot Maine	ZIP
19 Levesque Dr. Eliot Maine	03903
SECTION 6: Receiving Registration Signature and Acknowledgment of This form is incomplete without a signature by the receiving registrant listed in Section 2. If the person listed in Section 2 is This section must be completed by the receiving registrant.	s a patient, no signature is
Printed Name of Receiving Registrant Email Address Phone Number	56-8
4/3/23	
Signature / Le Cr	

Sample Receipt Condition Report CATLAB, LLC Samples Received Via: CATLAB Sampler/Courier ___ Licensee ___ Certified Sampler Order 10: 2048 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 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? N / NA Comments: Analysis Marked on COC Match Bottles Rec'v? N / NA | Comments: Date/Time/ID on Samples Match COC? 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 Metrc? Y/N/NA/Comments: Initials/Date: 16 Notes/Comments: Reviewer's Checklist Client ID/Contact Reporting Instructions If Adult Use: Rushes Communicated __ Logged in Metro Temp, Condition OK __ Transfer Manifest ✓Sample ID/Date/Time If CATLAB Samples: Matrix __ Sampling Form TAT Correct __Attestation Form Correct Analyses Initials: Date: