

### **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	2077	Strain	F7 23H3 230507OVU
Sample ID	07607	Serving Mass (g)/ Package	: /
METRC Sample ID		<b>Collected Sample Weight</b>	11.3g
Date Received	06/23/2023	Collected By	Thomas Begin
Date/Time of Collection	06/23/2023 08:50 AM	Date Generated	06/30/2023

**Summary of Results** 

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

Potency Profile				
<u>Cannabinoid</u>	Result mg/g			
CBDV	< RL			
THCV	< RL			
CBDA	0.496			
CBD	< RL			
CBG	0.683			
CBN	< RL			
CBGA	7.62			
CBC	< RL			
exoTHC	< RL			
Δ9-THC	2.23			
Δ8THC	< RL			
ТНСА	245			
Total Cannabinoids %	25.6			
Total CBD mg/g	0.435			
Total THC mg/g	217			
Total CBD %	0.0435			
Total THC %	21.7			

#### Summary of Results

Terpenes	Profile				
Terpene Result %					
α-Pinene	0.032				
Camphene	0.012				
β-Pinene	0.048				
β-myrcene	0.18				
$\delta$ 3-carene	< RL				
α-Terpinene	< RL				
D-Limonene	0.30				
p-Cymene	< RL				
Eucalyptol	< RL				
Ocimene	< RL				
y-Terpinene	< RL				
Terpinolene	0.0073				
Linalool	0.056				
Isopulegol	< RL				
Geraniol	0.11				
β-Caryophyllene	0.25				
α-Humulene	0.081				
cis-Nerolidol	0.15				
trans-Nerolidol	0.20				
Guaiol	0.12				
Caryophyllene Oxide	0.18				
α-Bisabolol	0.20				
Total Terpenes (%)	1.9				



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#### Potency

Date Analyzed: 06/28/23 Instrument: UPLC CAT-0002/CAT-0151			Prep Date: 06/27/23 Method: SOP-QA-0016		Analyst: KB	
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	0.0496	0.496	N/A	0.0101	0.101	
CBD	< RL	< RL	N/A	0.0101	0.101	
CBG	0.0683	0.683	N/A	0.0101	0.101	
CBN	< RL	< RL	N/A	0.0101	0.101	
CBGA	0.762	7.62	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	0.223	2.23	N/A	0.0101	0.101	
Δ8ΤΗC	< RL	< RL	N/A	0.0101	0.101	
THCA	24.5	245	N/A	0.0101	0.101	

CRM Failure for CBDA, 75%. Flag required.



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#### Terpenes

Date Analyzed: 6/28/23 Instrument: CAT-0114	Prep Date: 6/27/23 Method: SOP QA-0032	Analyst: RW
Terpenes	Result (% weight)	RL (% weight)
α-Pinene	0.032	0.0050
Camphene	0.012	0.0050
β-Pinene	0.048	0.0050
β-myrcene	0.18	0.0050
δ3-carene	< RL	0.0050
α-Terpinene	< RL	0.0050
D-Limonene	0.30	0.0050
p-Cymene	< RL	0.0050
Eucalyptol	< RL	0.0050
Ocimene	< RL	0.0050
y-Terpinene	< RL	0.0050
Terpinolene	0.0073	0.0050
Linalool	0.056	0.0050
Isopulegol	< RL	0.0050
Geraniol	0.11	0.025
β-Caryophyllene	0.25	0.0050
α-Humulene	0.081	0.0050
cis-Nerolidol	0.15	0.0054
trans-Nerolidol	0.20	0.0029
Guaiol	0.12	0.0050
Caryophyllene Oxide	0.18	0.0050
α-Bisabolol	0.20	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: 00 Instrument: CAT-0			•	Date: 06 od: SOP		۵	nalyst: AC		
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 <sup>2</sup>	< 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: 06/28/23 Instrument: CAT-0162		Prep Date: 06/27/23 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 <sup>3</sup>	< 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 <sup>1</sup>	< RL	248	1000	Pass
Pyridaben	< RL	59.8	200	Pass
Spinosad <sup>4</sup>	< 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 a CCV (High Bias for Acequinocyl, Abamectin, Chlorfenapyr, Carbaryl, Carbofuran, Naled, Prallethrin, Spinosads, Permethrins), LCS (Acequinocyl, Chlorfenapyr, Chlorantraniliprole, Etofenprox, Prallethrin, Abamectin), and Spiked matrix Sample.



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#### **Heavy Metals**

Date Analyzed: 6/29/23 Instrument: CAT-0093		Prep Date: 6/28/23 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: 6/26/23 Date Analyzed Bacteria: 6/27/23 Instrument: CAT-0140, CAT-0152 Prep Date Ecoli/SLM: 6/26/23 Date Analyzed Ecoli/SLM: 6/28/23 Method: SOP-QA-0028, SOP-QA-0038 Prep Date Yeast and Mold: 6/26/23 Date Analyzed Yeast and Mold: 6/29/23 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	54000	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: Instrument: Visual Inspection	Prep Date: Method: SOP-QA-0018	Analyst:	JG/KB
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: 6/23/2 Instrument: Rotronic C		Prep Date: 6/23/23 Method: SOP-QA-0012	<b>Analyst:</b> JG,	/КВ
Analyte	Finding (Aw)	RL (Aw)	Action Level (Aw)	Pass/Fail
Water Activity	0.52	0.11	0.65	Pass

#### **Moisture Content**

Date Analyzed: 6/23/23 Instrument: Satorius CAT-0036	Prep Date: 6/23/23 Method: SOP-QA-0019	Analyst: JG/KB
Analyte	Finding (%)	RL (%)
Moisture Content	6.1	6.0

Deisy Peña-Romero Lab Director

	1 V MAR	Man I	Sampler collected to A	***Potency analysis tasts A_0_T	*Sample types: flower, wet/fro: **For edibles tinctures and co.		Comments, special Instru							7607 872		ab use only)				City state Dia				Eliot, 207-2	1916	
	1241	I nomas Begin, RIC16839	Sampler collected to (	***Potency analysis tests A.G.Tuc. Tuck for for for for the serving size and servings per package information	*Sample types: flower, wet/frozen flower, trim, concentrate, CO <sub>2</sub> /solvent based concentrate, edible, capsule, tincture, or 'other'		Comments, special Instructions, or temperature requirements;							2343 230570VA	I I a c h	Sample Identification s found on containe			207 815 3020 44157	5 Drapeau St. Suite 101			MTF368 ISO #112380	Eliot, Maine 03903 207-200-9950	19 Levernue Drive	
	D	16839	THCV, CBDV,	and servings p	/solvent base		uirements								e o	Sample Type*		Cultivator o		Billing Addr	ew Custome	Email Addr	Cultivator	Report To:		
	Date: 6/11/		CBC, CBGA, ex	ber package in	d concentrate	Plea									S	Date Collected		Cultivator or Mfz License or Reg Number: ACD863 (Adult License)		Billing Address (if different): same	New Customer Information	Email Address (for results): Cathryn.kloetzli@curaleaf.com	Cultivator or Mfg Name:	Cathry		CATL
	26		оТНС, Δ-8-ТН	formation	, edible, capsı	se calci									d G	Time Collected	C OI NES INUI	or Reg Nur		ent): same		Its): cathr	e: Curaleaf	n Kloetzli,	.	AB, LLC
	si	R			ule, tincture, d	ulate dr								-	D +	Sample Size				ω I	ida.leach	yn.kloetz	leaf	Chris Ille		CHAIN
	Signature:	Received at Lab by	Signature:	Received in field by (print):	or 'other'	y weigh								AINI	NIA	Serving Size**	NO COOL	P105 (M			amanda.leach@curaleaf	zli@cura		Cathryn Kloetzli, Chris Illes, Amanda Leach		CATLAB, LLC CHAIN OF CUSTO
d	2	by (print):		ld by (print):		Please calculate dry weight potency.								N/A	NIA	Servings per Package**	Juit Use)	edical)			eaf.com	cathryn.kloetzli@curaleaf.com		la Leach		
	In	_												>	<	Potency***									6	5
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		b						+		+	+	$\left  \right $		×	+	Terpene Prof							Adult Use:		0	0
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	'	Ŷ					F			+	+	++			+	Filth and Fore	-10-55				VSes R	Personal/Other:	R&D:	ubmit		5
QSD											+	$\uparrow \uparrow$		×	+	Water Activit	-				Analyses Requested	her:		Submital Type	Page	
-0058	Time:	Date:	Time:	Date:											4	Aflatoxins/Oc	chra	atoxi	ns		tad		Med	n	<u> </u> _	
REVIO		11												×	N	Metals	<u></u>						Medical: X		of 1	
QSD-0058 REV10 CJ 102122		1												×	P	Pesticides									I	
212		Ň													Р	Percent Mois	tur	e			1					

Order

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21	7	0	
	V	2	

(lab use only)	Sample ID (as on container)	Sample	Date	<b>Time Collected</b>	Sample	Analyses Requested
7607	F7 23H3 2305070VU	Flower	6/23/23	8:50	11.3 g	All items marked 'X' on CoC Record. For X*: Please calc 'dry weight potency'
						Same
						Same
						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 Ron Harrison	Registry Identification Card Number 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	oducts 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	OT LIST NAME)
Patient Identification Number/Medical Certification Number (DO N	OT LIST NAME) OR
Legal Name CatLab,LLC	
Patient Identification Number/Medical Certification Number (DO N	OR Registration Identification Card Number

			CAT	- LAB
SECTION 4: Departure Inform This section must be completed by the transferring	g registrant.			
tart Date 6-23-2		Start Time 9	:15	
Departure Address (Physical) 5 Drapeau St	City	Biddeford	State ME	ZIP 04005
<b>SECTION 5: Destination Info</b>	ormation	Conserva		
This section must be completed by the transferrin Destination Address (Physical) 19 Levesque Drive	city	Eliot	State ME	ZIP 03903
SECTION 6: Receiving Regist This form is incomplete without a signature by the required.	e receiving registrant liste	ed in Section 2. If the	person listed in Sectio	n 2 is a patient, no signa
Printed Name of Receiving Registrant	egistrant. Email Address	_	Phone Number	100 1
Date Received for - 23 - 23	3 V	Time Received	2:57	
Signature Anna S	· · ·			

CATLAB, LLC	AB, LLC Sample Receipt Condition Report				
Samples Received Via	CATLAD				
Custody Seals Present	and Intert	Sampler/Courier	Licensee Certified Sampler		
Custody Seals Present	and intact on	Transport Contain	ner: Yes No N/A Common		
Type of submittal: Type of submittal: Type of submittal: Type of submittal:					
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:MedicalAdult UseOther Comments: Receipt Temp: Humidity:If pooded is					
Receipt Temp: Humidity: If needed, ice present? Y/N Ambient:					
			Ambient.		
# of Samples # of Containerr					
Flower	/ T	# of Containers	Notes:		
Trim					
Pre-Roll					
Infused Pre-Roll					
. Retail Units					
Concentrate					
Infused Edibles					
Solid Batch					
Liquid Batch					
	<u>-</u>				
	Propositional				
Proper Sample Containers/Enough Sample? Y/N / NA Comments:					
Marked on LOC Match Bottles Rec'v? Y/N / NA					
	Date/Time/ID	on Samples Match COC?	AL NI LALA		
Nusites Communicates to analyst la suite of Marian					
Proc, manipulated, adulterated or contaminated? Y/N/ NA Commentar					
Samples collected to the					
samples collected in the manner required by OMP? Y / N / NA Comments:					
Comments:					
Samples Received in Metrc? Y / N / NA Comments:					
Notes/Comments:					
			6/23/23		
Client ID IS		Re	viewer's Checklist		
Client ID/Contact					
Reporting Instruction	15		If Adult Use:		
Rushes Communicate	ed		Logged in Metrc		
Temp, Condition OK			Transfer Manifest		
Sample ID/Date/Time	2		If CATLAB Samples:		
Matrix			Sampling Form		
TAT Correct			Attestation Form		
Correct Analyses		Initials: TC	Date: 10/21/22		
Initials: TC Date: 6/26/23					

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QSD-0002 REV3 jcs 092821