



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

Certificate of Analysis

Client Name	Kind Farms Reserve	License Number	
Address	357 Portland St Berwick, ME 03901	Phone	
Order ID	2130	Sample Type	Concentrate CO ₂ / Solvent
Sample ID	07819	Strain	Cookies & Cake HR
METRC Sample ID		Serving Mass (g)/ Package	/
Date Received	07/12/2023	Collected Sample Weight	1g
Date/Time of Collection	07/12/2023 11:00 AM	Collected By	Kind Farms
		Date Generated	07/17/2023

Summary of Results

Terpenes Profile	
Terpene	Result %
α-Pinene	0.14
Camphene	0.055
β-Pinene	0.22
β-myrcene	0.18
δ3-carene	< RL
α-Terpinene	< RL
D-Limonene	0.94
p-Cymene	< RL
Eucalyptol	< RL
Ocimene	< RL
γ-Terpinene	< RL
Terpinolene	0.042
Linalool	0.38
Isopulegol	< RL
Geraniol	< RL
β-Caryophyllene	2.2
α-Humulene	0.79
cis-Nerolidol	0.78
trans-Nerolidol	1.2
Guaiol	0.15
Caryophyllene Oxide	0.76
α-Bisabolol	0.91
Total Terpenes (%)	8.9

Potency Profile	
Cannabinoid	Result mg/g
CBDV	< RL
THCV	< RL
CBDA	1.52
CBD	< RL
CBG	1.94
CBN	< RL
CBGA	33.0
CBC	< RL
exoTHC	< RL
Δ9-THC	8.80
Δ8THC	< RL
THCA	792
Total Cannabinoids %	83.8
Total CBD mg/g	1.33
Total THC mg/g	704
Total CBD %	0.133
Total THC %	70.4

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Potency

Date Analyzed: 07/17/23
Instrument: UPLC CAT-0002/CAT-0151

Prep Date: 07/14/23
Method: SOP-QA-0016

Analyst: KB

Potency	Result %	Result (mg/g)	Result (mg/package)	RL (%)	RL (mg/g)
CBDV	< RL	< RL	N/A	0.0214	0.214
THCV	< RL	< RL	N/A	0.0214	0.214
CBDA	0.152	1.52	N/A	0.0214	0.214
CBD	< RL	< RL	N/A	0.0214	0.214
CBG	0.194	1.94	N/A	0.0214	0.214
CBN	< RL	< RL	N/A	0.0214	0.214
CBGA	3.30	33.0	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-THC	0.880	8.80	N/A	0.0214	0.214
Δ8THC	< RL	< RL	N/A	0.0214	0.214
THCA	79.2	792	N/A	0.0214	0.214

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Terpenes

Date Analyzed: 7/17/23
Instrument: CAT-0114

Prep Date: 7/14/23
Method: SOP QA-0032

Analyst: RW

Terpenes	Result (% weight)	RL (% weight)
α-Pinene	0.14	0.025
Camphene	0.055	0.025
β-Pinene	0.22	0.025
β-myrcene	0.18	0.025
δ3-carene	< RL	0.025
α-Terpinene	< RL	0.025
D-Limonene	0.94	0.025
p-Cymene	< RL	0.025
Eucalyptol	< RL	0.025
Ocimene	< RL	0.025
γ-Terpinene	< RL	0.025
Terpinolene	0.042	0.025
Linalool	0.38	0.025
Isopulegol	< RL	0.025
Geraniol	< RL	0.13
β-Caryophyllene	2.2	0.025
α-Humulene	0.79	0.025
cis-Nerolidol	0.78	0.027
trans-Nerolidol	1.2	0.015
Guaiol	0.15	0.025
Caryophyllene Oxide	0.76	0.025
α-Bisabolol	0.91	0.025

QC failure for some analytes of interest.

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Deisy Peña-Romero Lab Director



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Certificate of Analysis

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Address	357 Portland St Berwick, ME 03901	Phone	
Order ID	2130	Sample Type	Concentrate CO ₂ /Solvent
Sample ID	07820	Strain	Scotti's Cake CB
METRC Sample ID		Serving Mass (g)/Package	/
Date Received	07/12/2023	Collected Sample Weight	1g
Date/Time of Collection	07/12/2023 11:00 AM	Collected By	Kind Farms
		Date Generated	07/17/2023

Summary of Results

Terpenes Profile	
Terpene	Result %
α-Pinene	0.21
Camphene	0.057
β-Pinene	0.21
β-myrcene	< RL
δ3-carene	< RL
α-Terpinene	< RL
D-Limonene	< RL
p-Cymene	< RL
Eucalyptol	< RL
Ocimene	0.035
γ-Terpinene	0.028
Terpinolene	0.042
Linalool	0.77
Isopulegol	< RL
Geraniol	< RL
β-Caryophyllene	1.7
α-Humulene	0.42
cis-Nerolidol	0.97
trans-Nerolidol	1.6
Guaiol	0.056
Caryophyllene Oxide	0.64
α-Bisabolol	0.97
Total Terpenes (%)	7.8

Potency Profile	
Cannabinoid	Result mg/g
CBDV	< RL
THCV	< RL
CBDA	1.23
CBD	< RL
CBG	1.38
CBN	< RL
CBGA	14.4
CBC	< RL
exoTHC	< RL
Δ9-THC	26.6
Δ8THC	< RL
THCA	804
Total Cannabinoids %	84.7
Total CBD mg/g	1.08
Total THC mg/g	731
Total CBD %	0.108
Total THC %	73.1

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Potency

Date Analyzed: 07/17/23
Instrument: UPLC CAT-0002/CAT-0151

Prep Date: 07/14/23
Method: SOP-QA-0016

Analyst: KB

Potency	Result %	Result (mg/g)	Result (mg/package)	RL (%)	RL (mg/g)
CBDV	< RL	< RL	N/A	0.0214	0.214
THCV	< RL	< RL	N/A	0.0214	0.214
CBDA	0.123	1.23	N/A	0.0214	0.214
CBD	< RL	< RL	N/A	0.0214	0.214
CBG	0.138	1.38	N/A	0.0214	0.214
CBN	< RL	< RL	N/A	0.0214	0.214
CBGA	1.44	14.4	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-THC	2.66	26.6	N/A	0.0214	0.214
Δ8THC	< RL	< RL	N/A	0.0214	0.214
THCA	80.4	804	N/A	0.0214	0.214

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Analyst: RW

Terpenes	Result (% weight)	RL (% weight)
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Camphene	0.057	0.025
β-Pinene	0.21	0.025
β-myrcene	< RL	0.025
δ3-carene	< RL	0.025
α-Terpinene	< RL	0.025
D-Limonene	< RL	0.025
p-Cymene	< RL	0.025
Eucalyptol	< RL	0.025
Ocimene	0.035	0.025
γ-Terpinene	0.028	0.025
Terpinolene	0.042	0.025
Linalool	0.77	0.025
Isopulegol	< RL	0.025
Geraniol	< RL	0.13
β-Caryophyllene	1.7	0.025
α-Humulene	0.42	0.025
cis-Nerolidol	0.97	0.027
trans-Nerolidol	1.6	0.015
Guaial	0.056	0.025
Caryophyllene Oxide	0.64	0.025
α-Bisabolol	0.97	0.025

QC failure for some analytes of interest.

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Deisy Peña-Romero Lab Director



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Address	357 Portland St Berwick, ME 03901	Phone	
Order ID	2130	Sample Type	Concentrate CO ₂ / Solvent
Sample ID	07821	Strain	Diamonds 1
METRC Sample ID		Serving Mass (g)/ Package	/
Date Received	07/12/2023	Collected Sample Weight	1g
Date/Time of Collection	07/12/2023 11:00 AM	Collected By	Kind Farms
		Date Generated	07/17/2023

Summary of Results

Potency Profile	
<u>Cannabinoid</u>	<u>Result mg/g</u>
CBDV	< RL
THCV	< RL
CBDA	< RL
CBD	< RL
CBG	< RL
CBN	< RL
CBGA	0.644
CBC	< RL
exoTHC	< RL
Δ9-THC	3.07
Δ8THC	< RL
THCA	988
Total Cannabinoids %	99.2
Total CBD mg/g	<RL
Total THC mg/g	870
Total CBD %	<RL
Total THC %	87.0

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Prep Date: 07/14/23
Method: SOP-QA-0016

Analyst: KB

Potency	Result %	Result (mg/g)	Result (mg/package)	RL (%)	RL (mg/g)
CBDV	< RL	< RL	N/A	0.0214	0.214
THCV	< RL	< RL	N/A	0.0214	0.214
CBDA	< RL	< RL	N/A	0.0214	0.214
CBD	< RL	< RL	N/A	0.0214	0.214
CBG	0.0138	0.138	N/A	0.0214	0.214
CBN	< RL	< RL	N/A	0.0214	0.214
CBGA	0.0644	0.644	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-THC	0.307	3.07	N/A	0.0214	0.214
Δ8THC	< RL	< RL	N/A	0.0214	0.214
THCA	98.8	988	N/A	0.0214	0.214

Deisy Peña-Romero Lab Director

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Order
2/30

Page ___ of ___

Submittal Type

Adult Use: _____ R&D: _____ Medical: X _____

Personal/Other: _____

Submittal Type

Adult Use: _____ R&D: _____ Medical: X _____

Personal/Other: _____

Analyses Requested

Comments, special instructions, or temperature requirements:



OFFICE OF MARIJUANA POLICY

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. 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 Seth Bristol	Registry Identification Card Number RIC17720
Legal Name of Registration Certificate Holder, if applicable	Registration Certificate Number, if applicable

SECTION 2: Receiving Patient or Registrant

This section must be completed anytime marijuana or marijuana products for medical use are transported, including patient delivery and when a registered caregiver, registered dispensary, marijuana testing facility, or manufacturing facility is transporting marijuana or marijuana products from 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)

ME OCP: MTF368

OR

Legal Name	Registration Identification Card Number
Legal Name of Registration Certificate Holder, if applicable	Registration Certificate Number, if applicable

SECTION 3: Description of Marijuana or Marijuana Products Transported

For each item transported, provide the amount (weight or units), product type (flower, wax, cartridges, etc.), and strain or other further identifying information of the marijuana or marijuana products.

This section must be completed by the transferring registrant.

CONCENTRATE SAMPLES (3)

SECTION 4: Departure Information

This section must be completed by the transferring registrant.

Start Date 7/12/23	Start Time 12:15PM		
Departure Address (Physical) 17 White Birch Lane	City York	State ME	ZIP 03909

SECTION 5: Destination Information

This section must be completed by the transferring registrant.

Destination Address (Physical) 19 Levesque Drive #3	City Eliot	State ME	ZIP 03903
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SECTION 6: Receiving Registration Signature and Acknowledgement of Receipt

This form is incomplete without a signature by the receiving registrant listed in Section 2. If the person listed in section 2 is a patient, no signature is required.

This section must be completed by the receiving registrant.

Printed name of Receiving Registrant Joe Giddis	Email Address www.catlabllc.com	Phone Number 207-200-9950
Date Received 7/12/23	Time Received 12:20	
Signature [Signature]		

CATLAB, LLC

Sample Receipt Condition Report

Order ID: 2130Samples Received Via: CATLAB Sampler/Courier Licensee ☒ Certified SamplerCustody 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			
Trim			
Pre-Roll			
Infused Pre-Roll			
Retail Units			
Concentrate	<u>3</u>	<u>3</u>	<u>Sample 7819 Fridge 0006</u>
Infused Edibles			
Solid Batch			
Liquid Batch			

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

Notes/Comments:

Initials/Date: JG 7/12/23Sample 7819 Fridge 0006

Reviewer's Checklist	
<input checked="" type="checkbox"/> Client ID/Contact	If Adult Use: <input type="checkbox"/> Logged in Metrc <input type="checkbox"/> Transfer Manifest
<input checked="" type="checkbox"/> Reporting Instructions	
<input checked="" type="checkbox"/> Rushes Communicated	If CATLAB Samples: <input type="checkbox"/> Sampling Form <input type="checkbox"/> Attestation Form
<input checked="" type="checkbox"/> Temp, Condition OK	
<input checked="" type="checkbox"/> Sample ID/Date/Time	
<input checked="" type="checkbox"/> Matrix	
<input checked="" type="checkbox"/> TAT Correct	
<input checked="" type="checkbox"/> Correct Analyses	
Initials: <u>JG</u> Date: <u>7/13/23</u>	