



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

Certificate of Analysis

Client Name Highbrow Industries LLC - Manufacturing
Address 55 Topsham Fair Mall Rd. Topsham, ME 04086
Order ID 3383
Sample ID 011772
METRC Sample ID
Date Received 07/08/2024
Date/Time of Collection 07/05/2024 09:30 AM

License Number AM544
Phone (207) 356-9377
Sample Type Edible
Strain MB Gummy R&D S: 26582
Serving Mass (g)/Package 5.8570 / 10
Collected Sample Weight 3
Collected By Highbrow
Date Generated 07/10/2024

Summary of Results

| Homogeneity Profile | |
|------------------------|-------------|
| %RSD THC | 2.31 |
| %RSD CBD | N/A |
| Pass/Fail | Pass |
| Pass/Fail Limit is 15% | |

| Potency Profile | |
|-------------------------------|-------------|
| Cannabinoid | Result mg/g |
| CBDV | < RL |
| THCV | < RL |
| CBDA | < RL |
| CBD | < RL |
| CBG | 0.0457 |
| CBN | < RL |
| CBGA | < RL |
| CBC | < RL |
| exoTHC | < RL |
| Δ9-THC | 1.56 |
| Δ8THC | < RL |
| THCA | < RL |
| Total CBD mg/g | <RL |
| Total THC mg/g | 1.56 Pass |
| Total CBD (mg/serving) | <RL |
| Total CBD (mg/package) | <RL |
| Total THC (mg/serving) | 9.12 |
| Total THC (mg/package) | 91.2 |

Adult Use Cannabis Edible Products must not contain more than 11.5 mg of THC/serving and 215 mg of THC/package for passing regulatory testing as stated in Maine OCP Guidance for the Implementation of Increased Potency Per Package of Edible Products



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Homogeneity

Date Analyzed: 7/9/24
Instrument: UPLC CAT-0002

Prep Date: 7/9/24
Method: SOP-QA-0014

Analyst: KB

| Analyte | Finding (mg/g) |
|-----------------------|----------------|
| Total THC Replicate 1 | 1.56 |
| Total THC Replicate 2 | 1.63 |
| Total THC Replicate 3 | 1.59 |
| %RSD THC | 2.31 |

Potency

Date Analyzed: 7/9/24
Instrument: UPLC CAT-0002/CAT-0151

Prep Date: 7/9/24
Method: SOP-QA-0016

Analyst: KB

| Potency | Result % | Result (mg/g) | Result (mg/serving) | Result (mg/package) | RL (mg/g) |
|---------|----------|---------------|---------------------|---------------------|-----------|
| CBDV | < RL | < RL | N/A | N/A | 0.0226 |
| THCV | < RL | < RL | N/A | N/A | 0.0226 |
| CBDA | < RL | < RL | N/A | N/A | 0.0226 |
| CBD | < RL | < RL | N/A | N/A | 0.0226 |
| CBG | 0.00457 | 0.0457 | 0.268 | 2.68 | 0.0226 |
| CBN | < RL | < RL | < RL | < RL | 0.0226 |
| CBGA | < RL | < RL | N/A | N/A | 0.0226 |
| CBC | < RL | < RL | N/A | N/A | 0.0226 |
| exoTHC | < RL | < RL | N/A | N/A | 0.0226 |
| Δ9-THC | 0.156 | 1.56 | 9.12 | 91.2 | 0.0226 |
| Δ8THC | < RL | < RL | N/A | N/A | 0.0226 |
| THCA | < RL | < RL | N/A | N/A | 0.0226 |

DISCLAIMER: ppm = parts-per million, ppb = parts-per billion, "<" 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. Unless required, measurement uncertainty is not applied when making statements of conformity. **The Reporting Limit (RL)** is the lowest level of an analyte that can be accurately recovered from the matrix of interest. Analytes may be present in samples at concentrations lower than RL. 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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Deisy Peña-Romero Lab Director

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 | Registry Identification Card Number CGR25535 | | |
| 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) | | | |
| OR | | | |
| Legal Name Catlab LLC | 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. | | | |
| See Attached form | | | |
| SECTION 4: Departure Information | | | |
| This section must be completed by the transferring registrant. | | | |
| Start Date | Start Time | | |
| Departure Address (Physical) 55 Topsham Fair Mall RD | City Topsham | State Maine | ZIP 04086 |
| SECTION 5: Destination Information | | | |
| This section must be completed by the transferring registrant. | | | |
| Destination Address (Physical) 19 Levesque Dr | City Eliot | State Maine | ZIP 03903 |
| SECTION 6: Receiving Registration Signature and Acknowledgment 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 <i>Joe Gads</i> | Email Address | Phone Number | |
| Date Received 7-8-21 | Time Received 10:15 | | |
| Signature <i>[Handwritten Signature]</i> | | | |

Sample Receipt Condition Report

CATLAB, LLC

Order ID: 3383

Samples Received Via: CATLAB Sampler/Courier Licensee Certified Sampler

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 R&D Other Comments: _____

Storage Temperature: Ambient Fridge Freezer Comments: _____

| Samples Received | | | |
|----------------------|--------------|-----------------|--------|
| | # of Samples | # of Containers | Notes: |
| Flower | | | |
| Trim | | | |
| Pre-Roll | | | |
| Infused Pre-Roll | | | |
| Nano Powder/Emulsion | | | |
| Concentrate | | | |
| Infused Edibles | 1 | 1 | |
| Capsule | | | |
| Tincture | | | |

| | | |
|---|-------------------|-----------|
| Analyses Marked on COC? | <u>Y</u> / N / NA | Comments: |
| Description on Samples Match COC? | <u>Y</u> / N / NA | Comments: |
| Rushes Communicates to analyst in writing? | Y / <u>N</u> / NA | Comments: |
| Evidence of tampered, manipulated, adulterated or contaminated? | Y / <u>N</u> / NA | Comments: |
| Sample weight within +/- 10%? | <u>Y</u> / N / NA | Comments: |
| Transfer Manifest Received? | <u>Y</u> / N / NA | Comments: |
| Samples Received in Metric? | <u>Y</u> / N / NA | Comments: |

Initials/Date: CE 7/9/24

Notes/Comments:

| Reviewer's Checklist | |
|--|---|
| <input checked="" type="checkbox"/> Client ID/Contact | If Adult Use: |
| <input checked="" type="checkbox"/> Rushes Communicated | |
| <input checked="" type="checkbox"/> Storage Temperature OK | <input checked="" type="checkbox"/> Logged in Metric |
| <input checked="" type="checkbox"/> Sample ID/Date/Time | <input checked="" type="checkbox"/> Transfer Manifest |
| <input checked="" type="checkbox"/> Matrix | Additional Documents? Y / N |
| <input checked="" type="checkbox"/> TAT Correct | Comments: _____ |
| <input checked="" type="checkbox"/> Correct Analyses | |
| Initials: <u>IG</u> Date: <u>7-10-24</u> | |