

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							
<u>Cannabinoid</u>	Result mg/g						
CBDV	< RL						
THCV	< RL						
CBDA	< RL						
CBD	< RL						
CBG	0.0457						
CBN	< RL						
CBGA	< RL						
СВС	< RL						
exoTHC	< RL						
Δ9-THC	1.56						
Δ8THC	< RL						
THCA	< RL						
Total CBD	mg/g <rl< td=""></rl<>						
Total THC	mg/g 1.56 Pass						
Total CBD (mg/ser	ving) <rl< td=""></rl<>						
Total CBD (mg/pac	kage) <rl< td=""></rl<>						
Total THC (mg/ser	ving) 9.12						
Total THC (mg/pac	kage) 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

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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Certificate of Analysis

	Highbrow Industries LLC -	License Number	AM544		
Client Name	Manufacturing	Phone	(207) 356-9377		
Address	55 Topsham Fair Mall Rd.	Sample Type	Edible		
	Topsham, ME 04086	Strain	MB Gummy R&D S:		
Order ID	3383	Stram	26582		
Sample ID	011772	Serving Mass (g)/ Package	5.8570 / 10		
METRC Sample ID		Collected Sample	2		
Date Received	07/08/2024	Weight	3		
Date/Time of	07/05/2024 09:30 AM	Collected By	Highbrow		
Collection		Date Generated	07/10/2024		

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 Analyze Instrument: ເ	d: 7/9/24 JPLC CAT-0002/CA	NT-0151	Prep Date: 7/9/24 Method: SOP-QA-0016	Analyst: KB	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			
Δ8ΤΗC	< RL	< RL	N/A	N/A	0.0226			
THCA	< RL	< RL	N/A	N/A	0.0226			

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Certificate of Analysis

		License Number
Client Name	Highbrow Industries LLC - Manufacturing	Phone
Address	55 Topsham Fair Mall Rd. Topsham, ME 04086	Sample Type
Order ID	3383	Strain
Sample ID	011772	Serving Mass (g)
METRC Sample ID		Package Collected Sample
Date Received	07/08/2024	Weight
Date/Time of	07/05/2024 09:30 AM	Collected By
Collection		Date Generated

 ie Number
 AM544

 (207) 356-9377

 ie Type
 Edible

 MB Gummy R&D S:

 26582

 ng Mass (g)/
 5.8570 / 10

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 ted By
 Highbrow

 Generated
 07/10/2024

Deisy Peña-Romero Lab Director

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Signature: ////www. of January Date: 7/5/24	Samples collected by (print): Manssa 5. Czammon	***Potency analysis tests Δ-9-THC, THCA, CBD, CBG, CBN, CBDA, THCV, CBDV, CBC, CBGA, exoTHC, Δ-8-THC	**For 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'
Signature:	Received at Lab by (print):	Signature: 420 AVL Time: 4220	Received in field by (print) Durive 1 5 1655 Date: 7-8-70	ure, or 'other'

Comments. specia										11/10	Sample Number (lab use only)		Phone:	Zip Code:	City, State:	Address:		CAILAB, LIC		1
Comments, special Instructions or temperature requirements									Pacine: S. 4501	HE CHUMMA LE	Sample Identification (as found on container)								207-200-3330 MTF368 ISO #117380	Eliot, Maine 03903
										Edular	Sample Type*		Cultivator or			Billing Addre	New Customer Information	Email Addre	Cultivator o	Report To:
•										415	Date Collected		Cultivator or Mfg License or Reg Number: CGROSS35			Billing Address (if different):	r Informatior	Email Address (for results):	Cultivator or Mfg Name: Highbrow	
										9:30	Time Collected		or Reg Numb			nt):		ts): (Highbre	
										ω	Sample Size		ber: CLAR						1	
										(69)1	Serving Size**		95535						Industries	
										10	Servings per Package**								LdC.	
										۲	Potency**	**							and the	
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	4									T	Percent M	oistu	ire (c	ptio	nal)					

CATLAB, LLC CHAIN OF CUSTODY RECORD

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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: <u>https://www.maine.gov/dafs/omp/medical-use/applications-forms</u>.

SECTION 1: Transferring Registra	nt						
This section must be completed by the transferring registra Legal Name	nt.						
Charles Doherty	Registry Identi	Registry Identification Card Number					
Legal Name of Registration Certificate Holder, if applicable		R25535					
		ertificate Number, if applicat	ble				
SECTION 2: Receiving Patient or I	Registrant						
THIS SECTION THIS DE COMPLETED AND THE PROPERTY AND A SECTION		re transported including po	tions dell' 1 1				
registered caregiver, registered dispensary, marijuana testi one of its registered locations to a different registered locati	ng facility, or manufacturing faci	lity is transporting marijuan	a or marijuana products from				
			2 Frankright				
This section must be completed by the transferring registra	nt.						
Patient Identification Number/Medical Certification Numb	er (DO NOT LIST NAME)						
	OB						
Legal Name	OR Registration Li	1101					
Catlab LLC		entification Card Number					
Legal Name of Registration Certificate Holder, if applicable	Registration Ce	ertificate Number, if applicab	10				
SECTION 3: Description of Mariju	ana or Marijuana I	Products Transp	orted				
For each item transported, provide the amount (weight or u information of the marijuana or marijuana products.	nits). product type (flower, wax,	cartridges, etc.), and strain (or other further identifying				
the second s							
This section must be completed by the transferring registran	t.		and the second se				
See Attached form							
SECTION 4: Departure Information This section must be completed by the transferring registrar	n						
Start Date	start Time						
	Start Time						
Departure Address (Physical)	City	State	ZIP				
55 Topsham Fair Mall RD	Topsham	Maine	04086				
SECTION 5: Destination Informati	on		0.000				
This section must be completed by the transferring registrar Destination Address (Physical)							
19 Levesque Dr	City Eliot	State	ZIP				
SECTION 6: Receiving Registration	- Signature - 14	Maine	03903				
This form is incomplete without a signature by the receiving required.	registrant listed in Section 2. If	Knowledgment of	of Receipt				
required.	- Storight hours in Dection 2, if	the person listed in Section 2	2 is a patient, no signature is				
This section must be completed by the receiving registrant.							
Printed Name of Receiving Registrant Email Add	ress	Phone Number					
Data Passer Gado?		r none ryumper					
Date Received 7-V-ZV	Time Received						
Signature	10:15						
KIK							

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 Commen	ts:
Custody Seals Present and Intact on Sample Containers: Ves No N/A Comments	5:
Type of submittal:MedicalAdult UseR&DOther Comments:	
Storage Temperature:AmbientFridgeFreezer Comments:	

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

Analyses Marked on COC?		
Description on Samples Match COC?		Comments:
Rushes Communicates to analyst in writing?		Comments:
Evidence of tampered, manipulated, adulterated or contaminated?	Y/N/NA	Comments:
Sample weight within +/- 10%	X) N / NA	Comments:
Transfer Manifest Received?	Y N/NA	Comments:
Samples Received in Metro	Y / N / NA	Comments:
		Initials/Date: 7/9/24

Notes/Comments:

➤Client ID/Contact

<u>∕</u>Matrix

➤TAT Correct
YCorrect Analyses

Aushes Communicated

➤Sample ID/Date/Time

∑Storage Temperature OK

Reviewer's (Checklist
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If Adult Use:

Logged in Metrc Transfer Manifest Additional Documents? Y / N Comments:

Initials: 16_Date: 7-10-24

QSD-0002 REV4 dpr 11282023