



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

Certificate of Analysis

Client Name	Highbrow Industries LLC - Manufacturing	License Number	AM544
Address	55 Topsham Fair Mall Rd. Topsham, ME 04086	Phone	(207) 356-9377
Order ID	3524	Sample Type	Edible
Sample ID	012218	Strain	SK Gummy R&D
METRC Sample ID		Serving Mass (g)/ Package	5.609 / 10
Date Received	08/22/2024	Collected Sample Weight	3
Date/Time of Collection	08/21/2024 09:30 AM	Collected By	Highbrow
		Date Generated	08/28/2024

Summary of Results

Homogeneity Profile	
%RSD THC	0.809
%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	0.0422
CBN	< RL
CBGA	< RL
CBC	0.0268
exoTHC	< RL
Δ9-THC	1.82
Δ8THC	< RL
THCA	< RL
Total CBD mg/g	<RL
Total THC mg/g	1.82 Pass
Total CBD (mg/serving)	<RL
Total CBD (mg/package)	<RL
Total THC (mg/serving)	10.2
Total THC (mg/package)	102

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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Homogeneity

Date Analyzed: 8/28/24
Instrument: UPLC CAT-0002

Prep Date: 8/27/24
Method: SOP-QA-0014

Analyst: KB

Analyte	Finding (mg/g)
Total THC Replicate 1	1.82
Total THC Replicate 2	1.80
Total THC Replicate 3	1.83
%RSD THC	0.809

Potency

Date Analyzed: 8/28/24
Instrument: UPLC CAT-0002/CAT-0151

Prep Date: 8/27/24
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	0.00422	0.0422	0.236	2.36	0.0226
CBN	< RL	< RL	N/A	N/A	0.0226
CBGA	< RL	< RL	N/A	N/A	0.0226
CBC	0.00268	0.0268	0.151	1.51	0.0226
exoTHC	< RL	< RL	N/A	N/A	0.0226
Δ9-THC	0.182	1.82	10.2	102	0.0226
Δ8THC	< RL	< RL	N/A	N/A	0.0226
THCA	< RL	< RL	N/A	N/A	0.0226

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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 8/21/24	Start Time 4pm		
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 Joe Gaddis	Email Address	Phone Number	
Date Received 8/22/24	Time Received 11:40		
Signature 			

Sample Receipt Condition Report

CATLAB, LLC

Order ID: 3524

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 / N / <u>NA</u>	Comments:
Evidence of tampered, manipulated, adulterated or contaminated?	Y / <u>N</u> / NA	Comments:
Sample weight within +/- 10%?	Y / N / <u>NA</u>	Comments:
Transfer Manifest Received?	Y / N / <u>NA</u>	Comments:
Samples Received in Metrc?	Y / N / <u>NA</u>	Comments:

Initials/Date: JG 8/27/24

Notes/Comments:

Reviewer's Checklist	
<input checked="" type="checkbox"/> Client ID/Contact	If Adult Use: <u>RTD</u>
<input checked="" type="checkbox"/> Rushes Communicated	
<input checked="" type="checkbox"/> Storage Temperature OK	<u>N/A</u> Logged in Metrc
<input checked="" type="checkbox"/> Sample ID/Date/Time	<input checked="" type="checkbox"/> Transfer Manifest
<input checked="" type="checkbox"/> Matrix	Additional Documents? <u>Y</u> / N
<input checked="" type="checkbox"/> TAT Correct	Comments: <u>ME No Trip Ticket</u>
<input checked="" type="checkbox"/> Correct Analyses	
Initials: <u>ML</u>	Date: <u>8/27/24</u>

