



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 3534
Sample ID 012236
METRC Sample ID 1A40D0300001451000029479
Date Received 08/23/2024
Date/Time of Collection 08/21/2024 03:00 PM

License Number AM544
Phone (207) 356-9377
Sample Type Edible
Strain BL Drink Test S:
29376
Serving Mass (g)/ Package 26.043 / 10
Collected Sample Weight 5
Collected By Highbrow
Date Generated 08/30/2024

Summary of Results

Filth and Foreign Materials Screening

All Results **Pass**

Microbiological Screening

All Results **Pass**

Heavy Metals Screening

All Results **Pass**

Homogeneity Profile

%RSD THC 1.91

%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	< RL
CBN	< RL
CBGA	< RL
CBC	< RL
exoTHC	< RL
Δ9-THC	0.399
Δ8THC	< RL
THCA	< RL
Total CBD mg/g	<RL
Total THC mg/g	0.399 Pass
Total CBD (mg/serving)	<RL
Total CBD (mg/package)	<RL
Total THC (mg/serving)	10.4
Total THC (mg/package)	104

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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Address	55 Topsham Fair Mall Rd. Topsham, ME 04086	Phone	(207) 356-9377
Order ID	3534	Sample Type	Edible
Sample ID	012236	Strain	BL Drink Test S: 29376
METRC Sample ID	1A40D0300001451000029479	Serving Mass (g)/ Package	26.043 / 10
Date Received	08/23/2024	Collected Sample Weight	5
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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	0.399
Total THC Replicate 2	0.391
Total THC Replicate 3	0.384
%RSD THC	1.91

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	< RL	< RL	N/A	N/A	0.0226
CBN	< RL	< RL	N/A	N/A	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
Δ 9-THC	0.0399	0.399	10.4	104	0.0226
Δ 8THC	< RL	< RL	N/A	N/A	0.0226
THCA	< RL	< RL	N/A	N/A	0.0226

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Sample ID	012236	Strain	BL Drink Test S: 29376
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Heavy Metals

Date Analyzed: 8/29/24
Instrument: CAT-0093

Prep Date: 8/29/24
Method: SOP-QA-0030

Analyst: DPR

Metals	Result (ug/kg)	RL (ug/kg)	Action Level (ug/kg)	Pass/Fail
Arsenic	< RL	87.5	1500	Pass
Cadmium	< RL	158	500	Pass
Lead	< RL	48.1	500	Pass
Mercury	< RL	6.63	3000	Pass

Microbial Analysis

Prep Date Bacteria: 8/26/24

Prep Date Ecoli/SLM: 8/26/24

Prep Date Yeast and Mold: 8/23/24

Date Analyzed Bacteria: 08/27/24

Date Analyzed Ecoli/SLM: 08/27/24

Date Analyzed Yeast and Mold: 8/26/24

Instrument: CAT-0140, CAT-0152

Method: SOP-QA-0028, SOP-QA-0038

Analyst: DPR

Contaminants	Result (CFU/g)	RL (CFU/g)	Action Level (CFU/g)	Pass/Fail
Total Aerobic	< RL	100	100,000	Pass
Total Yeast/Mold	< RL	100	10,000	Pass
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: 8/26/24
Instrument: Visual Inspection

Prep Date: 8/26/24
Method: SOP-QA-0018

Analyst: JG

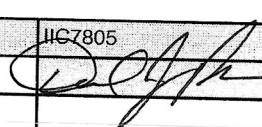

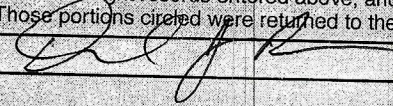
Analyte	Result	Action Level	Pass/Fail
Sand, Soil, Cinders, Dirt, and Mold (%)	0	25	Pass
Embedded Foreign Material (%)	0	25	Pass
Insect Fragment	0	1	Pass
Hair	0	1	Pass
Mammalian Excreta	0	1	Pass

Deisy Peña-Romero Lab Director

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MARIJUANA TRANSPORTATION MANIFEST

All sales transactions are to be completed prior to transportation of any MARIJUANA. The receiving entity may reject product delivered, but amount delivered must be limited to amount agreed upon in prior sales transaction.

Manifest No.	0000933105	Date Created	8/22/2024 1:00 PM
Originating Entity	HIGHBROW INDUSTRIES LLC	For Agency Use Only	
Originating License Number	AM544		
Address of Originating Entity	55 TOPSHAM FAIR MALL RD TOPSHAM, ME 04086-1729 County: SAGADAHOC		
Phone No. of Originating Entity			
1. Destination	CATLAB, LLC	Destination Phone No.	
Destination License Number	TF368	Date and Approx. Time of Departure	8/22/2024 2:00 PM
Address of Destination	19 LEVESQUE DRIVE SUITES 3 AND 5 ELIOT, ME 03903-2079 County: YORK	Date and Approx. Time of Arrival	8/22/2024 6:59 PM
		Date/Time Received	8/22/24 1:20
Route to be Traveled	See transporter.	Notes: details for extenuating circumstances (e.g., road closure, flat tire, etc.)	
1. Outbound Transporter	HIGHBROW INDUSTRIES LLC	No Layover Scheduled	
Transporter License Number	AM544		
Address of Transporter	55 TOPSHAM FAIR MALL RD TOPSHAM, ME 04086-1729 County: SAGADAHOC		
Contact Phone No. for Inquiries: 2074022904			
Name of Person Transporting	Dan Ross	Employee ID of Driver	IIC7805
State Driver's License No.	ME5623102	Signature of Person Transporting	
Make, Model, License Plate No.	TOYOTA RAV4 CATLAB	Leg of Layover Trip	
1. Package Shipped	Production Batch No.	Item Name	Quantity
1A40D0300001451000029479 Lab Test: SubmittedForTesting		Bl. Berry Lemonade (Drink)	Shp: 5 ea
Item Details	Vol: 8 fl oz		
Source Harvest	Chem OG - Harvest - 6/19/2024, Garlic Breath 2.0 - Harvest - 6/6/2024, Gelato 33 - Harvest - 6/6/2024, Harvest Group 03/09/2023 - KLP, Harvest Group 05/31/2023 - Miracle Alien Cookies #10, Memberberry - Harvest - 6/6/2024, Purple Chameleon - Harvest - 6/6/2024, Rolling Thunder #6 - Harvest - 6/6/2024, Sour Strawberry Pie - Harvest - 6/6/2024		
Source Package(s)	1A40D0300001451000029376		
Source Production Batch	08/20/2024		
Req'd Lab Test Batches	FiltH & Foreign Materials, Homogeneity, Metals - Ingestion/Suppository, Microbials - E.coli, Microbials - Enterobacteriaceae, Microbials - Salmonella, Microbials - Total Aerobic Microbial Count, Microbials - Total Coliform, Microbials - Total Yeast & Mold Count, Potency (Infused)		
PRODUCT REJECTION (if only a portion of shipment is rejected, circle that portion above)			
Name of Person Receiving or Rejecting Product			
I confirm that the contents of this shipment match weight records entered above, and I agree to take custody of those portions of this shipment not circled above. Those portions circled were returned to the individual delivering this shipment.			
Signature			Date
Signature of individual taking receipt of rejected portion of this shipment			8-22-24

Sample Receipt Condition Report

CATLAB, LLC

Order ID: 3533

OG
8/23/24

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	5	
Capsule			
Tincture			

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

Initials/Date: JG 8/23/24

Notes/Comments:

Reviewer's Checklist	
<input checked="" type="checkbox"/> Client ID/Contact	If Adult Use: <input checked="" type="checkbox"/> Logged in Metrc <input checked="" type="checkbox"/> Transfer Manifest Additional Documents? <input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N Comments: _____
<input checked="" type="checkbox"/> Rushes Communicated	
<input checked="" type="checkbox"/> Storage Temperature 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>Pa</u> Date: <u>8/23/24</u>	