



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	4150	Sample Type	Edible
Sample ID	014220	Strain	SK Drink Test S: 35597
METRC Sample ID	1A40D0300001451000035598	Serving Mass (g)/ Package	25.787 / 10
Date Received	02/04/2025	Collected Sample Weight	5 units
Date/Time of Collection	02/03/2025 12:00 PM	Collected By	Highbrow Industries LLC
		Date Generated	02/07/2025

Summary of Results

Filtration and Foreign Materials Screening	
All Results	Pass

Microbiological Screening	
All Results	Pass

Heavy Metals Screening	
All Results	Pass

Homogeneity Profile	
%RSD THC	1.49
%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	0.0851
Δ8THC	< RL
THCA	< RL
Total CBD mg/g	<RL
Total THC mg/g	0.0851 Pass
Total CBD (mg/serving)	<RL
Total CBD (mg/package)	<RL
Total THC (mg/serving)	2.19
Total THC (mg/package)	21.9

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: 2/7/25
Instrument: UPLC CAT-0002

Prep Date: 2/7/25
Method: SOP-QA-0014

Analyst: KB

Analyte	Finding (mg/g)
Total THC Replicate 1	0.0851
Total THC Replicate 2	0.0832
Total THC Replicate 3	0.0857
%RSD THC	1.49

Potency

Date Analyzed: 2/7/25
Instrument: UPLC CAT-0002/CAT-0151

Prep Date: 2/7/25
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
Δ9-THC	0.00851	0.0851	2.19	21.9	0.0226
Δ8THC	< RL	< RL	N/A	N/A	0.0226
THCA	< RL	< RL	N/A	N/A	0.0226

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Heavy Metals

Date Analyzed: 2/5/25
Instrument: CAT-0093

Prep Date: 2/5/25
Method: SOP-QA-0030

Analyst: RdG

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

Count 59 @ 724 4.5% RSD

Microbial Analysis

Prep Date Bacteria: 2/4/25
Date Analyzed Bacteria: 2/5/25
Instrument: CAT-0140, CAT-0152

Prep Date Ecoli/SLM: 2/4/25
Date Analyzed Ecoli/SLM: 2/5/25
Method: SOP-QA-0028, SOP-QA-0038

Prep Date Yeast and Mold: 2/4/25
Date Analyzed Yeast and Mold: 2/7/25
Analyst: DB

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: 2/4/25
Instrument: Visual Inspection

Prep Date: 2/4/25
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



METRC®

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.	0001078302		Date Created	2/3/2025 1:01 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.		
Invoice Number	3				
Destination License Number	TF368				
Address of Destination	19 LEVESQUE DRIVE SUITES 3 AND 5 ELIOT, ME 03903-2079 County: YORK		Date and Approx. Time of Departure		2/3/2025 1:00 PM
			Date and Approx. Time of Arrival		2/3/2025 6:00 PM
			Date/Time Received		2-5-25
Route to be Traveled see driver			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 I Shipped	Production Batch No.		Item Name		Quantity
1A40D0300001451000035598 Lab Test: SubmittedForTesting			STRAW-KIWI (Drink)		Shp: 5 ea
Item Details	Vol: 8 fl oz				
Source Harvest	Brandywine - Harvest Batch #8 - 09/24/2024, Chem OG - Batch #8 - 09/24/2024, Garlic Breath 2.0 - Harvest Batch #8 - 09/24/2024, Miracle Alien Cookies #2 - Harvest Batch #8 - 09/24/2024, Party Foul #2 - Harvest Batch #8 - 09/24/2024, Super Silver Blue Magoo - Harvest Batch #8 - 09/24/2024				
Source Package(s)	1A40D0300001451000035597				
Source Production Batch	11/03/2025				
Req'd Lab Test Batches	Filt & 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	DANIEL J ROSS				
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	2-5-25
Signature of individual taking receipt of rejected portion of this shipment					

Sample Receipt Condition Report

CATLAB, LLC

Order ID: 4150

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 COCP?	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> NA	Comments:
Description on Samples Match COC?	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> NA	Comments:
Rushes Communicates to analyst in writing?	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / <input type="checkbox"/> NA	Comments:
Evidence of tampered, manipulated, adulterated or contaminated?	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / <input type="checkbox"/> NA	Comments:
Metric Sample Weight Noted?	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> NA	Comments:
Transfer Manifest Received?	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> NA	Comments:
Samples Received in Metric?	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> NA	Comments:

Initials/Date: RdG 2/4/25

Notes/Comments?

Reviewer's Checklist	
<input checked="" type="checkbox"/> Client ID/Contact	If Adult Use: <input checked="" type="checkbox"/> Logged in Metric <input checked="" type="checkbox"/> Transfer Manifest Additional Documents? 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>RD</u> Date: <u>2/4/25</u>	