



**CATLAB, LLC**  
19 Levesque Dr. #3  
Eliot, ME 03903  
207-200-9950  
ME OMP: MTF386

## Certificate of Analysis

<b>Client Name</b>	Maine Coast Hemp	<b>License Number</b>	
<b>Address</b>	Nick Evans 987 Harold L Dow Hwy Eliot, ME 03903	<b>Phone</b>	
<b>Order ID</b>	87	<b>Sample Type</b>	Concentrate CO <sub>2</sub> / Solvent
<b>Sample ID</b>	0340	<b>Strain</b>	2101 Massage Oil
<b>METRC Sample ID</b>		<b>Serving Mass (g)/ Package</b>	/
<b>Date Received</b>	07/21/2021	<b>Collected Sample Weight</b>	
<b>Date/Time of Collection</b>	07/21/2021 01:00 PM	<b>Collected By</b>	
		<b>Date Generated</b>	07/23/2021

### Summary of Results

Potency Profile	
Cannabinoid	Result mg/g
CBDV	< RL
THCV	< RL
CBDA	0.234
CBD	1.85
CBG	< RL
CBN	< RL
CBGA	< RL
CBC	< RL
exoTHC	< RL
Δ9-THC	< RL
Δ8THC	< RL
THCA	< RL
<b>Total Cannabinoids %</b>	0.208
<b>Total CBD mg/g</b>	2.05
<b>Total THC mg/g</b>	< RL
<b>Total CBD %</b>	< RL
<b>Total THC %</b>	< RL

### Microbiological Screening

<b>All Results</b>	<b>Pass</b>
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**DISCLAIMER:** mg/L=ppm, µg/L=ppb, "<" 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. The Reporting Limit (RL) is the lowest level of an analyte that can be accurately recovered from the matrix of interest. The Regulatory Limits (or Action Levels) for adult use mandatory testing samples are set by the Maine Office of Marijuana Policy (OMP). Total THC = D-9-THC + (THCA x 0.877). Total CBD = CBD + (CBDA x 0.877).



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		<b>Date Generated</b>	07/23/2021

### Potency

**Date Analyzed:** 7/23/21  
**Instrument:** UPLC CAT-0002

**Prep Date:** 7/23/21  
**Method:** SOP-QA-0016

**Analyst:** RW

Potency	Result %	Result (mg/g)	RL (%)	RL (mg/g)
CBDV	< RL	< RL	0.0165	0.165
THCV	< RL	< RL	0.0165	0.165
CBDA	0.0234	0.234	0.0165	0.165
CBD	0.185	1.85	0.0165	0.165
CBG	< RL	< RL	0.0165	0.165
CBN	< RL	< RL	0.0165	0.165
CBGA	< RL	< RL	0.0165	0.165
CBC	< RL	< RL	0.0165	0.165
exoTHC	< RL	< RL	0.0165	0.165
Δ9-THC	< RL	< RL	0.0165	0.165
Δ8THC	< RL	< RL	0.0165	0.165
THCA	< RL	< RL	0.0165	0.165

### Microbial Analysis

**Date Analyzed:** 7/22/21, 7/23/21  
**Instrument:** N/A

**Prep Date:** 7/21/21  
**Method:** SOP-QA-0021

**Analyst:** CJ

Contaminants	Result (CFU/g)	RL (CFU/g)	Action Level (CFU/g)	Pass/Fail
Total Aerobic	< RL	1,000	10,000	Pass
Total Yeast/Mold	< RL	100	1,000	Pass
Total Enterobacter	< RL	10	100	Pass
Total Coliform	< RL	10	100	Pass
Escherichia Coli (E. Coli)	< RL	1	1	Pass
Salmonella spp	< RL	1	1	Pass

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**Approved By:** Guy Sylvester  
07/23/2021



19 Levesque Drive  
 Eliot, Maine 03903  
 207-200-9950  
 MTF368  
 ISO #112380

**CATLAB, LLC CHAIN OF CUSTODY RECORD**  
 Non-Compliance Submittals

087

Report To: <i>Nick Sparks</i>		Cultivator or Mfg License or Reg Number: _____		Analyses Requested											
Cultivator or Mfg Name: <i>Maine Coast Hemp</i>		Billing Address (if different):													
Address: <i>987 HL DOW</i>		PO #:	<i>NEVANS @ Maine coast Hemp. com</i>												
City: <i>21107</i>		Phone:													
State: <i>Maine</i>		Email:													
Zip Code: <i>03904</i>															
Order Number (lab use only)	Sample Identification (as found on container)	Date Collected	Time Collected	Matrix	# of Containers	Temp&Hum. Collection/Temp&Hum @ Receipt	Potency ( $\Delta$ -9-THC, THCA, CBD, CBG, CBN, CBDA, THCV, CBDV, CBC, CBGA, exoTHC, $\Delta$ -8-THC)	Terpene Profile	Homogeneity	Filth and Foreign Material	Microbiological Impurities	Water Activity	Moisture Content	Aflatoxins/Ochratoxins	Metals: As, Cd, Pb, Hg
<i>087-340</i>	<i>2101 Massage oil</i>	<i>7/21/21</i>	<i>1:00</i>		<i>1</i>	<i>1</i>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				
Relinquished by: _____		Received by: _____													
Signature _____		Signature _____													
Date/Time _____		Date/Time _____													
Relinquished by: _____		Received @ Lab by: _____													
Signature _____		Signature _____													
Date/Time _____		Date/Time _____													

CL Temp Gun ID: CAT-0026

QSD-0058 REV3 jcs 070621