

Sample Name: **LN7-2021-007 Cakeberry Brulee**
 Tested for: **Jack Hempicine LLC**
Hemp Pre-Harvest01

Laboratory ID: 21L0019-06

Matrix: Plant Tissue

Sample Metrc ID: NA

Lot # LN7-2021-007

Batch RFID: NA

Batch Size: 7500 (sq..ft.)

Harvest Date: 01/03/2022

License: AG-R1040856IHG

Date Sampled: 12/06/21 11:55

Date Accepted: 12/06/21



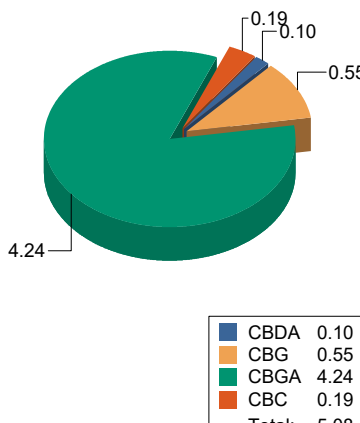
Potency Analysis

Date Extracted: 12/10/21

Analysis Method: UNODC 5.4.8

Date Analyzed: 12/10/21

* - ORELAP certified analyte

Cannabinoids	% weight	mg/g	LOQ (%)	Cannabinoids Profile
Total THC ((THCA*0.877)+d9)	< LOQ	< LOQ	0.03	
Total CBD ((CBDA*0.877)+CBD)	0.09	0.9	0.03	
d9-THC (d9-Tetrahydrocannabinol)*	< LOQ	< LOQ	0.04	
d8-THC (d8-Tetrahydrocannabinol)	< LOQ	< LOQ	0.04	
THCA (d9-Tetrahydrocannabinolic Acid)*	< LOQ	< LOQ	0.06	
CBD (Cannabidiol)*	< LOQ	< LOQ	0.03	
CBDA (Cannabidiolic Acid)*	0.10	1	0.06	
CBN (Cannabinol)	< LOQ	< LOQ	0.03	
CBG (Cannabigerol)	0.55	5.5	0.04	
CBGA (Cannabigerolic Acid)	4.24	42.4	0.04	
CBDV (Cannabidivarin)	< LOQ	< LOQ	0.04	
CBDVA (Cannabidivarinic Acid)	< LOQ	< LOQ	0.04	
CBC (Cannabichromene)	0.19	1.9	0.04	
THCV (Tetrahydrocannabivarin)	< LOQ	< LOQ	0.04	
Total Cannabinoids	5.08	50.8	0.03	

<LOQ - Results below the Limit of Quantitation - Compound not detected



Shea Hamilton For Brian Weigel
 Lab Director

These results relate only to the sample included on this report. The report may not be reproduced except in full, without the written permission of SC Laboratories. Samples tested in accordance with Oregon Administrative Rules, TNI 2009 Standard and SC Laboratories quality assurance plan unless otherwise noted.

Case Narrative

Revision - 12/14/2021 - Sample name and photo updated based on client observation. All previous iterations of this report are considered rescinded.

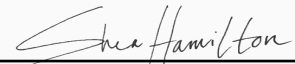
**Quality Control
Potency**

Batch: B213017 - Potency/Terpenes

Blank(B213017-BLK1)		Extracted - 12/10/21 14:30 Analyzed - 12/10/21 18:37						
Analyte	Result	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit
d9-THC (d9-Tetrahydrocannabinol)	< LOQ	%						
d8-THC (d8-Tetrahydrocannabinol)	< LOQ	%						
THCA (d9-Tetrahydrocannabinolic Acid)	< LOQ	%						
CBD (Cannabidiol)	< LOQ	%						
CBDA (Cannabidiolic Acid)	< LOQ	%						
CBN (Cannabinol)	< LOQ	%						
CBG (Cannabigerol)	< LOQ	%						
CBGA (Cannabigerolic Acid)	< LOQ	%						
CBDV (Cannabidivarin)	< LOQ	%						
CBDVA (Cannabidivarinic Acid)	< LOQ	%						
CBC (Cannabichromene)	< LOQ	%						
THCV (Tetrahydrocannabivarin)	< LOQ	%						

Duplicate(B213017-DUP1)		Extracted - 12/10/21 14:30 Analyzed - 12/10/21 18:46						
Analyte	Result	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit
d9-THC (d9-Tetrahydrocannabinol)	0.52	%		0.51			1.91	20
d8-THC (d8-Tetrahydrocannabinol)	< LOQ	%		< LOQ				20
THCA (d9-Tetrahydrocannabinolic Acid)	20.53	%		20.30			1.09	20
CBD (Cannabidiol)	< LOQ	%		< LOQ				20
CBDA (Cannabidiolic Acid)	0.04	%		0.05			16.8	20
CBN (Cannabinol)	< LOQ	%		< LOQ				20
CBG (Cannabigerol)	0.13	%		0.13			0.538	20
CBGA (Cannabigerolic Acid)	0.34	%		0.34			1.60	20
CBDV (Cannabidivarin)	< LOQ	%		< LOQ				20
CBDVA (Cannabidivarinic Acid)	< LOQ	%		< LOQ				20
CBC (Cannabichromene)	< LOQ	%		< LOQ				20
THCV (Tetrahydrocannabivarin)	< LOQ	%		< LOQ				20

LCS(B213017-BS1)		Extracted - 12/10/21 14:30 Analyzed - 12/10/21 18:28						
Analyte	Result	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit


Shea Hamilton For Brian Weigel
Lab Director

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Quality Control Potency (Continued)

Batch: B213017 - Potency/Terpenes (Continued)

LCS(B213017-BS1)		Extracted - 12/10/21 14:30 Analyzed - 12/10/21 18:28						
Analyte	Result	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit
d9-THC (d9-Tetrahydrocannabinol)	0.04	%	0.0400		88.5	80-120		
THCA (d9-Tetrahydrocannabinolic Acid)	0.04	%	0.0400		105	80-120		
CBD (Cannabidiol)	0.04	%	0.0400		99.2	80-120		
CBN (Cannabinol)	0.04	%	0.0400		97.6	80-120		



 Shea Hamilton For Brian Weigel
 Lab Director

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Oregon Department of Agriculture
HEMP ON-SITE SAMPLING FORM

(for laboratory use only)

Complete one copy of this Hemp On-Site Sampling form for each harvest lot or production area.

LABORATORY INFORMATION

Laboratory Name: <i>SC Labs</i>	Sampler Name (Printed): <i>Brett Gray</i>	Date:
Registered Grower Name: <i>Jack Hempine</i>	Registered Grower Business Name (if applicable):	Number of Harvest Lots Sampled: <i>1</i>
Time Sampling Started: <i>11:10 AM</i>	Representative (present at the time of sampling): <i>ERIC Crawford</i>	

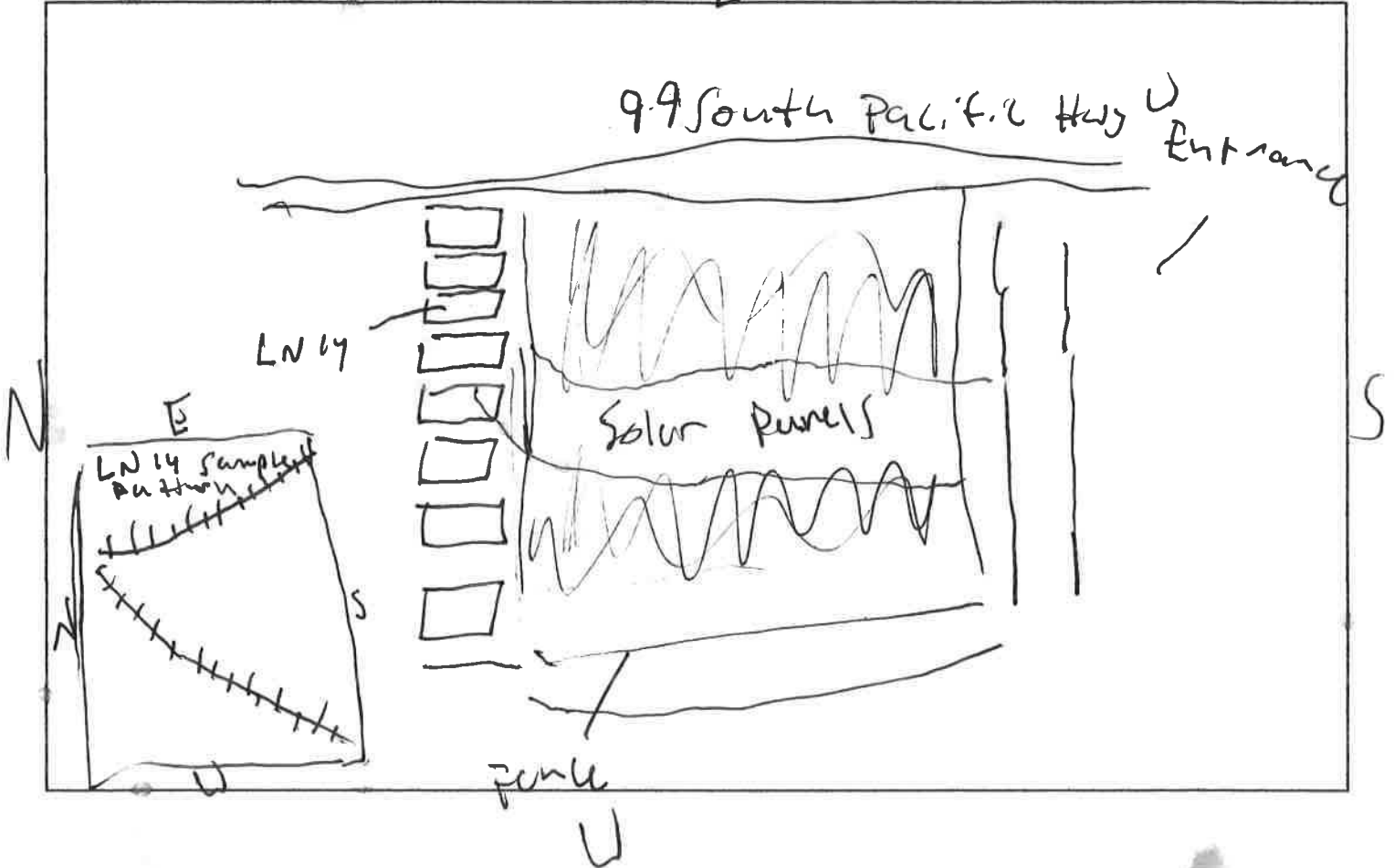
HEMP SAMPLING AREA – MUST BE A REGISTERED GROWING AREA

Grow Site Name: <i>Luvauder</i>	Production Area Name: <i>LN7</i>	Harvest Lot Name (if applicable): <i>LN14</i> <i>LN7</i> -2020-00 <i>2</i> <small>(production area name). (lot #)</small>
Physical Address: <i>3395 S Pacific Hwy W.</i>	City: <i>Independence</i>	Zip Code: <i>97351</i>
GPS Coordinates: Latitude: <i>44.880332</i> Longitude: <i>-123.229890</i> <small>(must be in decimal format, eg: 45.123456, -123.45623)</small>		Total Size of Production Area: _____ Acres OR <i>7500</i> Square Feet
Area Type: <small>(e.g. field, greenhouse, indoor)</small> <i>Greenhouse</i>	Intended Use For Hemp Crop: <small>(e.g. flower, seed, fiber, biomass)</small> <i>Seed</i>	Declared Start Harvest Date: <small>(must be no longer than 28 days from sample date)</small> <i>01/03/2022</i>
Size of Area to be Sampled: _____ Acres OR _____ Square Feet		

Written Description: Describe the location of the production area or harvest lot such that the growing area is apparent from a visual inspection of the premises and is easily discernable from other production areas and harvest lots:

*3rd greenhouse from the road
Facing 995. East side of property
North East*

Visual Depiction: Map or sketch each harvest lot or production area at the time and date of sampling to show the location of the grow area. This must include the sampling pattern. The description and depiction must be sufficient such that the growing area of the harvest lot is apparent from a visual inspection of the premises and is easily discernable from other harvest lot growing areas.



AGREEMENT

The harvest lot(s) described in the Harvest Lot On-Site Sampling Description(s) included with this form accurately reflect the harvest lot location(s) and description(s) and the sampling conducted by the sampler. The Registered Grower agrees to the sampling as described in the attached Descriptions.

Registered Grower/Representative Signature: _____

Name: Eric Crawford

Sampler Signature: _____

Name: Brett Gray

Oregon Department of Agriculture
HEMP ON-SITE SAMPLING FORM

(for laboratory use only)

Complete one copy of this Hemp On-Site Sampling form for each harvest lot or production area.

LABORATORY INFORMATION

Laboratory Name: <i>SC Labs</i>	Sampler Name (Printed): <i>Brett Gray</i>	Date: <i>12/26/2021</i>
Registered Grower Name: <i>Jacu Hempzine LLC</i>	Registered Grower Business Name (if applicable):	Number of Harvest Lots Sampled: <i>1</i>
Time Sampling Started: <i>11:25 Am</i>	Representative (present at the time of sampling): <i>Eric Crawford</i>	

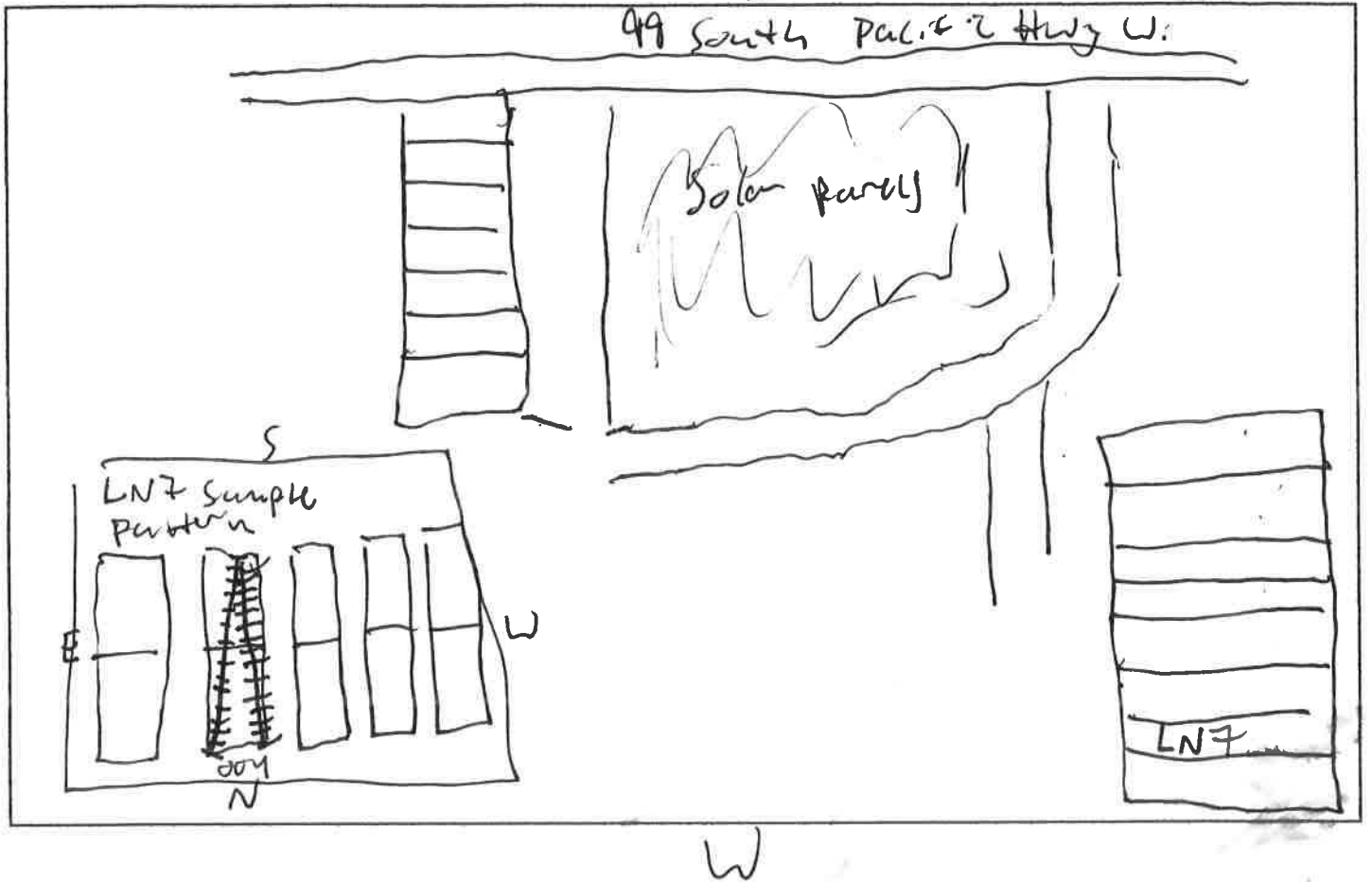
HEMP SAMPLING AREA – MUST BE A REGISTERED GROWING AREA

Grow Site Name: <i>Lavander</i>	Production Area Name: <i>LN7</i>	Harvest Lot Name (if applicable): <i>LN7</i> -2020-00 <i>9</i> <small>(production area name) (lot #)</small>
Physical Address: <i>3395 S. Pacific Hwy W.</i>	City: <i>Independence</i>	Zip Code: <i>97351</i>
Total Size of Production Area: <i>7500</i> Acres OR Square Feet		Size of Area to be Sampled: <i>6257500</i> Acres OR Square Feet
GPS Coordinates: Latitude: <i>44.884074</i> Longitude: <i>-123.232065</i> <small>(must be in decimal format, eg: 45.123456, -123.45623)</small>	Declared Start Harvest Date: <small>(must be no longer than 28 days from sample date)</small> <i>01/03/2021</i>	
Area Type: <small>(e.g. field, greenhouse, indoor)</small> <i>Greenhouse</i>	Intended Use For Hemp Crop: <small>(e.g. flower, seed, fiber, biomass)</small> <i>Seed</i>	

Written Description: Describe the location of the production area or harvest lot such that the growing area is apparent from a visual inspection of the premises and is easily discernable from other production areas and harvest lots:

*Greenhouses on SW of property,
LN7 is second from the last.
Second row of tables from ~~the~~ Wall
East*

Visual Depiction: Map or sketch each harvest lot or production area at the time and date of sampling to show the location of the grow area. **This must include the sampling pattern.** The description and depiction must be sufficient such that the growing area of the harvest lot is apparent from a visual inspection of the premises and is easily discernable from other harvest lot growing areas.



AGREEMENT

The harvest lot(s) described in the Harvest Lot On-Site Sampling Description(s) included with this form accurately reflect the harvest lot location(s) and description(s) and the sampling conducted by the sampler. The Registered Grower agrees to the sampling as described in the attached Descriptions.

Registered Grower/Representative Signature:

Name: Eric Crawford

Sampler Signature:

Name: Brett Gray

Oregon Department of Agriculture
HEMP ON-SITE SAMPLING FORM

(for laboratory use only)

Complete one copy of this Hemp On-Site Sampling form for each harvest lot or production area.

LABORATORY INFORMATION

Laboratory Name: SC Labs	Sampler Name (Printed): Brett Gray	Date: 12/06/2021
Registered Grower Name: Jack Hempire LLC	Registered Grower Business Name (if applicable):	Number of Harvest Lots Sampled: 1
Time Sampling Started: 11:35 AM	Representative (present at the time of sampling): Eric Crawford	

HEMP SAMPLING AREA – MUST BE A REGISTERED GROWING AREA

Grow Site Name: Lavander	Production Area Name: LN7	Harvest Lot Name (if applicable): LN7 -2020-00 5 <small>(production area name) (lot #)</small>
Physical Address: 3395 S. Pacific Hwy W.	City: Independence	Zip Code: 97351
GPS Coordinates: Latitude: 44.834074 Longitude: -123.232065 <small>(must be in decimal format, eg: 45.123456, -123.45623)</small>		Total Size of Production Area: _____ Acres OR 7500 Square Feet
Area Type: <small>(e.g. field, greenhouse, indoor)</small> Greenhouse		Intended Use For Hemp Crop: <small>(e.g. flower, seed, fiber, biomass)</small> Seed
Declared Start Harvest Date: <small>(must be no longer than 28 days from sample date)</small> 01/03/2022		Size of Area to be Sampled: _____ Acres OR 1250 7500 Square Feet

Written Description: Describe the location of the production area or harvest lot such that the growing area is apparent from a visual inspection of the premises and is easily discernable from other production areas and harvest lots:

Greenhouses on SW of property.
 LN7 is second from last.
 Tables against E wall

Visual Depiction: Map or sketch each harvest lot or production area at the time and date of sampling to show the location of the grow area. **This must include the sampling pattern.** The description and depiction must be sufficient such that the growing area of the harvest lot is apparent from a visual inspection of the premises and is easily discernable from other harvest lot growing areas.



AGREEMENT

The harvest lot(s) described in the Harvest Lot On-Site Sampling Description(s) included with this form accurately reflect the harvest lot location(s) and description(s) and the sampling conducted by the sampler. The Registered Grower agrees to the sampling as described in the attached Descriptions.

Registered Grower/Representative Signature:

Name:

Eric Crawford

Sampler Signature:

Name:

Brett Gray

Oregon Department of Agriculture
HEMP ON-SITE SAMPLING FORM

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Complete one copy of this Hemp On-Site Sampling form for each harvest lot or production area.

LABORATORY INFORMATION

Laboratory Name: Sc Labs	Sampler Name (Printed): Brett Gray	Date: 12/06/2021
Registered Grower Name: Jack HempLine LLC	Registered Grower Business Name (if applicable):	Number of Harvest Lots Sampled:
Time Sampling Started: 11:45 AM	Representative (present at the time of sampling): Eric Crawford	

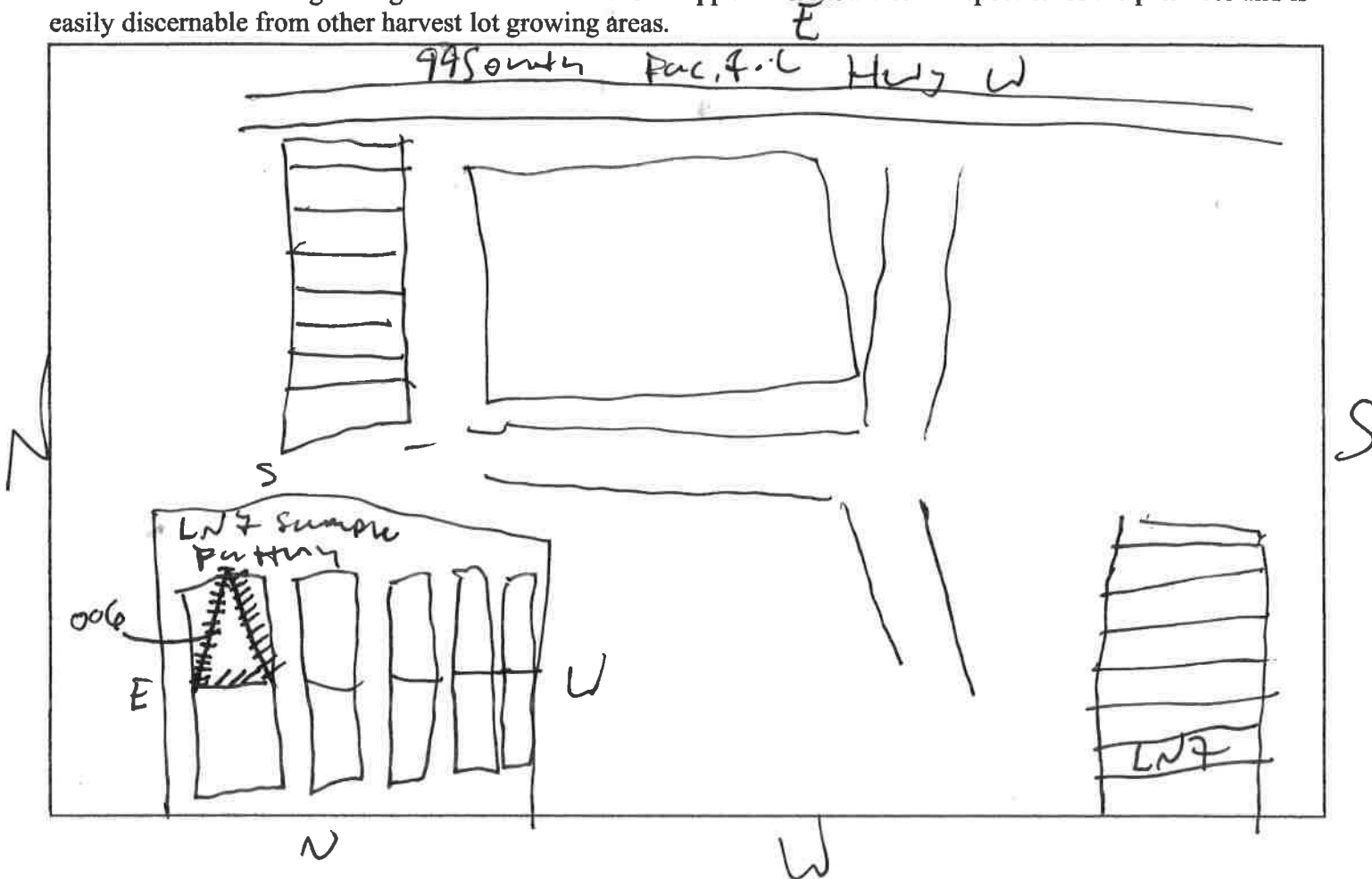
HEMP SAMPLING AREA - MUST BE A REGISTERED GROWING AREA

Grow Site Name: Lakewood	Production Area Name: LN7	Harvest Lot Name (if applicable): LN7 -2020-00 6 <small>(production area name) (lot #)</small>
Physical Address: 3395 S Pacific Hwy W.	City: Independence	Zip Code: 97351
GPS Coordinates: Latitude: 44.884074 Longitude: -123.232065 <small>(must be in decimal format, eg: 45.123456, -123.45623)</small>		Total Size of Production Area: _____ Acres OR 7500 Square Feet
Area Type: (e.g. field, greenhouse, indoor) Greenhouse	Intended Use For Hemp Crop: (e.g. flower, seed, fiber, biomass) Seed	Declared Start Harvest Date: (must be no longer than 28 days from sample date) 01/07/2022
Size of Area to be Sampled: _____ Acres OR 625 7500 Square Feet		

Written Description: Describe the location of the production area or harvest lot such that the growing area is apparent from a visual inspection of the premises and is easily discernable from other production areas and harvest lots:

Greenhouse on SW of property.
LN7 is second area from left

Visual Depiction: Map or sketch each harvest lot or production area at the time and date of sampling to show the location of the grow area. **This must include the sampling pattern.** The description and depiction must be sufficient such that the growing area of the harvest lot is apparent from a visual inspection of the premises and is easily discernable from other harvest lot growing areas.



AGREEMENT

The harvest lot(s) described in the Harvest Lot On-Site Sampling Description(s) included with this form accurately reflect the harvest lot location(s) and description(s) and the sampling conducted by the sampler. The Registered Grower agrees to the sampling as described in the attached Descriptions.

Registered Grower/Representative Signature:

Name:

Eric Crawford

Sampler Signature:

Name:

Brett Gray

**Oregon Department of Agriculture
HEMP ON-SITE SAMPLING FORM
(for laboratory use only)**

Complete one copy of this Hemp On-Site Sampling form for each harvest lot or production area.

LABORATORY INFORMATION

Laboratory Name: <i>SC Labs</i>	Sampler Name (Printed): <i>Brett Gray</i>	Date: <i>12/06/2021</i>
Registered Grower Name: <i>Jack Hempzine LLC</i>	Registered Grower Business Name (if applicable):	Number of Harvest Lots Sampled: <i>1</i>
Time Sampling Started: <i>11:55 AM</i>	Representative (present at the time of sampling): <i>Brett Crawford</i>	

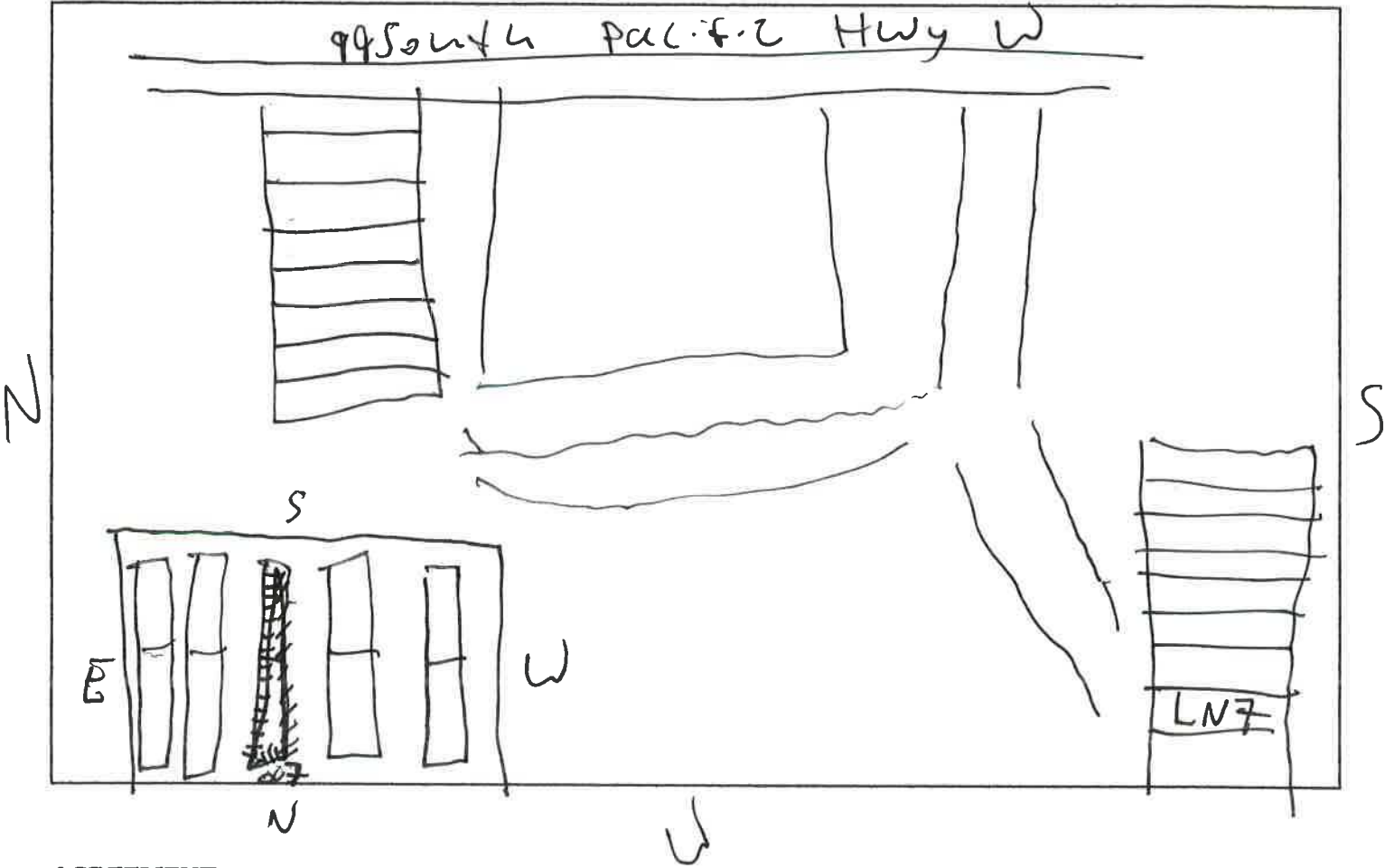
HEMP SAMPLING AREA – MUST BE A REGISTERED GROWING AREA

Grow Site Name: <i>Lavander</i>	Production Area Name: <i>LN7</i>	Harvest Lot Name (if applicable): <i>LN7 -2020-00 7</i> <small>(production area name) (lot #)</small>	
Physical Address: <i>3395 S. Pacific Hwy W.</i>	City: <i>Independence</i>	Zip Code: <i>97351</i>	Total Size of Production Area: _____ Acres OR <i>7500</i> Square Feet
GPS Coordinates: Latitude: <i>44.884079</i> Longitude: <i>-123.232065</i> <small>(must be in decimal format, eg: 45.123456, -123.45623)</small>		Size of Area to be Sampled: _____ Acres OR <i>1250</i> Square Feet	
Area Type: <small>(e.g. field, greenhouse, indoor)</small> <i>Greenhouse</i>	Intended Use For Hemp Crop: <small>(e.g. flower, seed, fiber, biomass)</small> <i>Seed</i>	Declared Start Harvest Date: <small>(must be no longer than 28 days from sample date)</small> <i>01/03/2022</i>	

Written Description: Describe the location of the production area or harvest lot such that the growing area is apparent from a visual inspection of the premises and is easily discernable from other production areas and harvest lots:

*Greenhouse on SW of property
LN7 is second from last.
3rd row from W Wall*


Visual Depiction: Map or sketch each harvest lot or production area at the time and date of sampling to show the location of the grow area. This must include the sampling pattern. The description and depiction must be sufficient such that the growing area of the harvest lot is apparent from a visual inspection of the premises and is easily discernable from other harvest lot growing areas. E




AGREEMENT

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Registered Grower/Representative Signature:

Name: Eric Crawford 

Sampler Signature:

Name: Brett Gray 

Oregon Department of Agriculture
HEMP ON-SITE SAMPLING FORM

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Complete one copy of this Hemp On-Site Sampling form for each harvest lot or production area.

LABORATORY INFORMATION

Laboratory Name: <i>SC Labs</i>	Sampler Name (Printed): <i>Brett Gray</i>	Date: <i>12/06/2021</i>
Registered Grower Name: <i>Jack Hempilinc LLC</i>	Registered Grower Business Name (if applicable):	Number of Harvest Lots Sampled: <i>1</i>
Time Sampling Started: <i>12:05</i>	Representative (present at the time of sampling): <i>Brett Gray</i>	

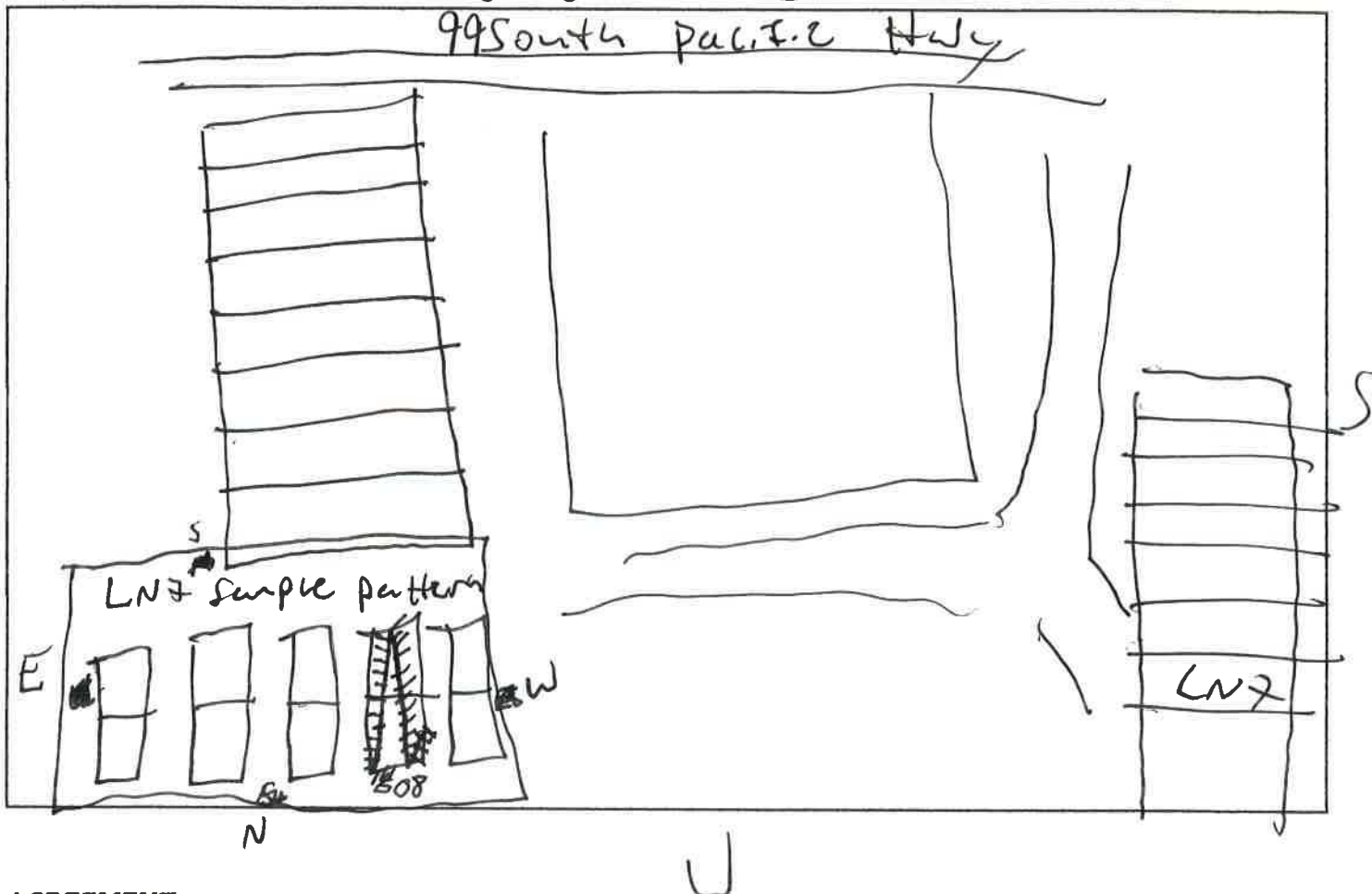
HEMP SAMPLING AREA – MUST BE A REGISTERED GROWING AREA

Grow Site Name: <i>Lavander</i>	Production Area Name: <i>LN7</i>	Harvest Lot Name (if applicable): <i>LN7</i> -2020-00 <i>8</i> <small>(production area name). (lot #)</small>	
Physical Address: <i>3395 S Pacific Hwy W</i>	City: <i>Independence</i>	Zip Code:	Total Size of Production Area: _____ Acres OR <i>7500</i> Square Feet
GPS Coordinates: Latitude: <i>44.884074</i> Longitude: <i>-123.232065</i> <small>(must be in decimal format, eg: 45.123456, -123.45623)</small>		Size of Area to be Sampled: _____ Acres OR <i>1250</i> <i>7500</i> Square Feet	
Area Type: <small>(e.g. field, greenhouse, indoor)</small> <i>Greenhouse</i>	Intended Use For Hemp Crop: <small>(e.g. flower, seed, fiber, biomass)</small> <i>Seed</i>	Declared Start Harvest Date: <small>(must be no longer than 28 days from sample date)</small> <i>01/03/2021</i>	

Written Description: Describe the location of the production area or harvest lot such that the growing area is apparent from a visual inspection of the premises and is easily discernable from other production areas and harvest lots:

*Greenhouse on SW of property.
LN7 is second from last.
2nd row from W. Wall*

Visual Depiction: Map or sketch each harvest lot or production area at the time and date of sampling to show the location of the grow area. This must include the sampling pattern. The description and depiction must be sufficient such that the growing area of the harvest lot is apparent from a visual inspection of the premises and is easily discernable from other harvest lot growing areas.



AGREEMENT

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Registered Grower/Representative Signature:

Name:

Eric Crawford

Sampler Signature:

Name:

Rett Bey

Oregon Department of Agriculture
HEMP ON-SITE SAMPLING FORM

(for laboratory use only)

Complete one copy of this Hemp On-Site Sampling form for each harvest lot or production area.

LABORATORY INFORMATION

Laboratory Name: SC Labs	Sampler Name (Printed): Brett Gray	Date: 12/06/2021
Registered Grower Name: Jack Hemp Co. LLC	Registered Grower Business Name (if applicable):	Number of Harvest Lots Sampled: 1
Time Sampling Started: 12:15	Representative (present at the time of sampling): Eric Crawford	

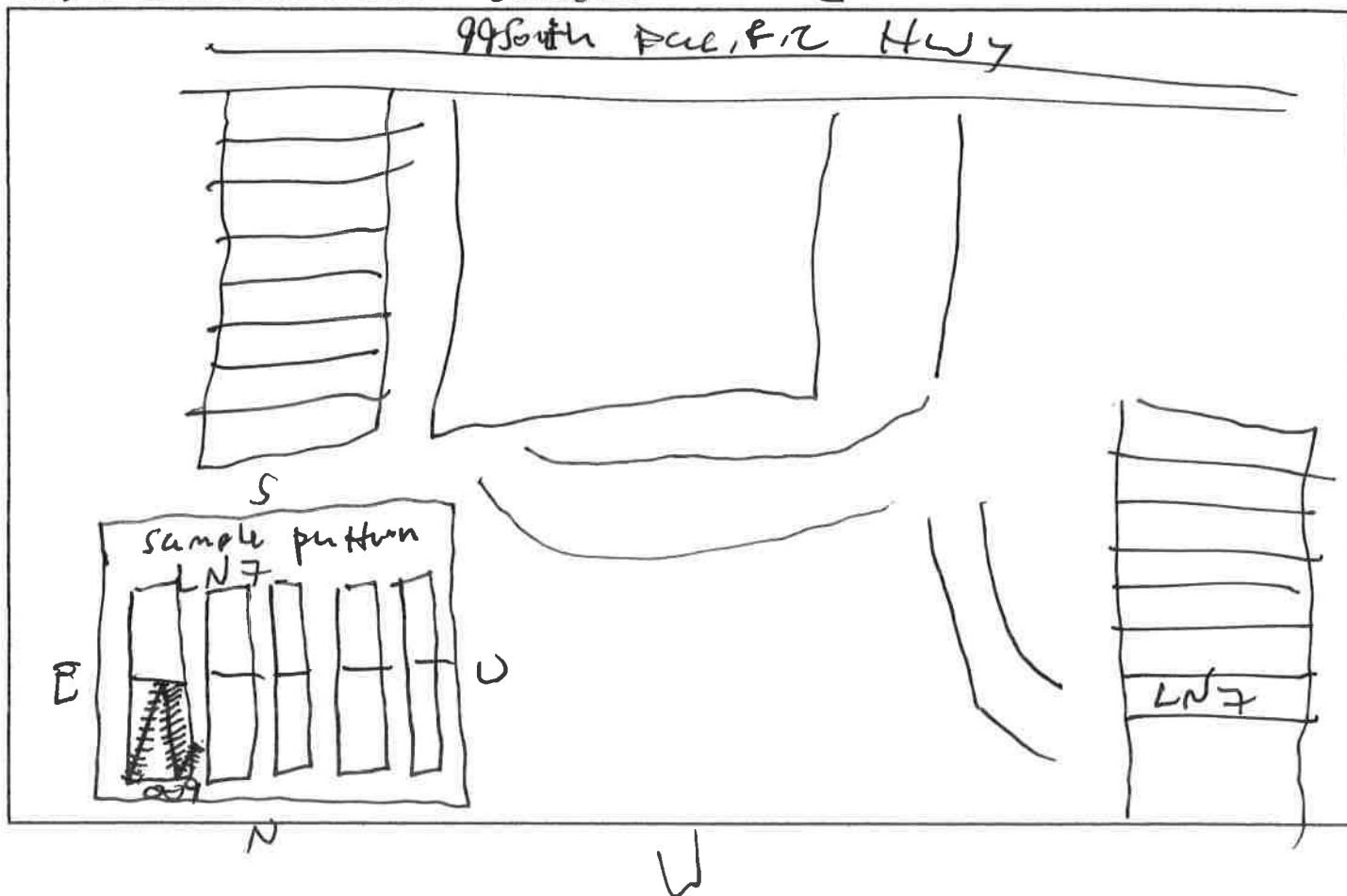
HEMP SAMPLING AREA – MUST BE A REGISTERED GROWING AREA

Grow Site Name: Lerwan Dr	Production Area Name: LN7	Harvest Lot Name (if applicable): LN7 -2020-00 9 (production area name) (lot #)	
Physical Address: 3395 S Pacific Hwy Ct.	City: Independence	Zip Code: 97351	Total Size of Production Area: ____ Acres OR 7500 Square Feet
GPS Coordinates: Latitude: 44.884074 Longitude: -123.232065 (must be in decimal format, eg: 45.123456, -123.45623)		Size of Area to be Sampled: ____ Acres OR 675 750 Square Feet	
Area Type: (e.g. field, greenhouse, indoor) Greenhouse	Intended Use For Hemp Crop: (e.g. flower, seed, fiber, biomass) Seed	Declared Start Harvest Date: (must be no longer than 28 days from sample date) 1/3/2022	

Written Description: Describe the location of the production area or harvest lot such that the growing area is apparent from a visual inspection of the premises and is easily discernable from other production areas and harvest lots:

Greenhouses on SW of property
LN7 is second from left.
Table against W wall, southern
half of room

Visual Depiction: Map or sketch each harvest lot or production area at the time and date of sampling to show the location of the grow area. **This must include the sampling pattern.** The description and depiction must be sufficient such that the growing area of the harvest lot is apparent from a visual inspection of the premises and is easily discernable from other harvest lot growing areas.



AGREEMENT

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Registered Grower/Representative Signature: _____

Name: _____

Eric Crawford

Sampler Signature: _____

Name: _____

Brett Gray

**Oregon Department of Agriculture
HEMP ON-SITE SAMPLING FORM**

(for laboratory use only)

Complete one copy of this Hemp On-Site Sampling form for each harvest lot or production area.

LABORATORY INFORMATION

Laboratory Name: <i>SC Labs</i>	Sampler Name (Printed): <i>Brett Gray</i>	Date: <i>12/06/2021</i>
Registered Grower Name: <i>Juan Hemp Inc LLC</i>	Registered Grower Business Name (if applicable):	Number of Harvest Lots Sampled: <i>1</i>
Time Sampling Started: <i>12:25</i>	Representative (present at the time of sampling): <i>Eric Crawford</i>	

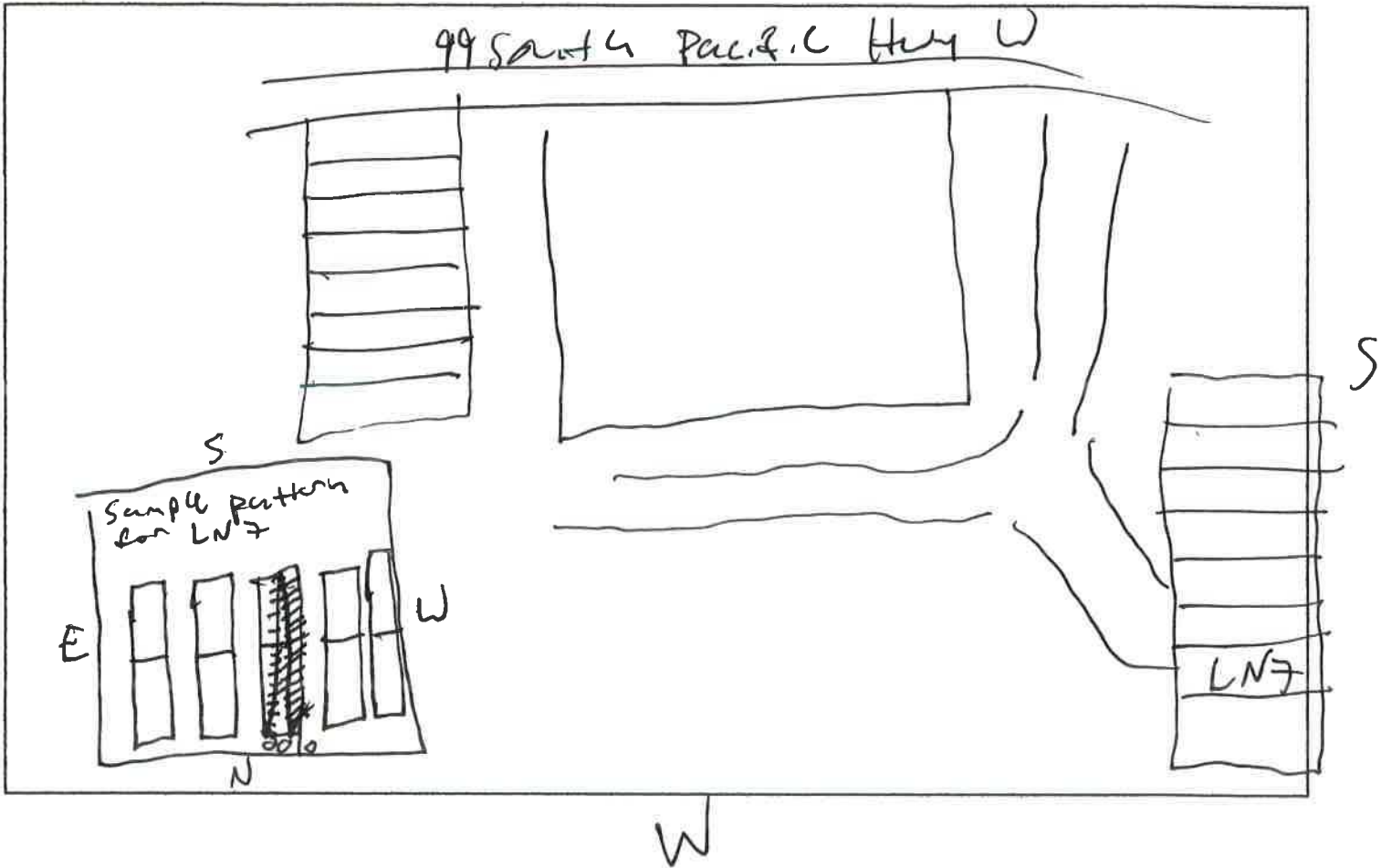
HEMP SAMPLING AREA – MUST BE A REGISTERED GROWING AREA

Grow Site Name: <i>Lavender</i>	Production Area Name: <i>LN7</i>	Harvest Lot Name (if applicable): <u><i>LN7</i></u> -2020-00 <u><i>10</i></u> <small>(production area name). (lot #)</small>
Physical Address: <i>3395 S. Pacific Hwy W.</i>	City: <i>Independence</i>	Zip Code: <i>97351</i>
GPS Coordinates: Latitude: <i>44.884074</i> Longitude: <i>-123.232065</i> <small>(must be in decimal format, eg: 45.123456, -123.45623)</small>		Total Size of Production Area: <u><i>7500</i></u> Acres OR Square Feet
Area Type: <small>(e.g. field, greenhouse, indoor)</small> <i>Greenhouse</i>		Size of Area to be Sampled: <u><i>1250</i></u> Acres OR Square Feet
Intended Use For Hemp Crop: <small>(e.g. flower, seed, fiber, biomass)</small> <i>Seed</i>	Declared Start Harvest Date: <small>(must be no longer than 28 days from sample date)</small> <i>01/03/2022</i>	

Written Description: Describe the location of the production area or harvest lot such that the growing area is apparent from a visual inspection of the premises and is easily discernable from other production areas and harvest lots:

Greenhouses on SW side of property. LN7 is second from left. 3rd row of tables from W wall

Visual Depiction: Map or sketch each harvest lot or production area at the time and date of sampling to show the location of the grow area. This must include the sampling pattern. The description and depiction must be sufficient such that the growing area of the harvest lot is apparent from a visual inspection of the premises and is easily discernable from other harvest lot growing areas.



AGREEMENT

The harvest lot(s) described in the Harvest Lot On-Site Sampling Description(s) included with this form accurately reflect the harvest lot location(s) and description(s) and the sampling conducted by the sampler. The Registered Grower agrees to the sampling as described in the attached Descriptions.

Registered Grower/Representative Signature:

Name: Eric Crawford

Sampler Signature: _____

Name: Brett Arney

SC Laboratories Oregon LLC
 1586E SW 74th Avenue, Ste 110
 Tigard OR, 97224
 (503) 272-6830
 ORELAP ID # 4133
 www.sclabs.com

CHAIN OF CUSTODY FORM

Client: Jack Hempicene LLC DBA: Oregon CBD
 Address: 3395 S Pacific HWY W, 97351
 Date Sampled: _____
 OLCC License #: _____
 OLCC License Type: _____
 Phone: 541-760-5419
 Email: seth@jackhempicene.com

Work Order #: 21L0019
 COC #: 1 of 1
 Received By: TVB
 Date: 12/16/21
 Courier: *Brett*
 Name of Sampler: *Brett*
 Transfer Manifest #: NA
 Place where Sampled: _____
 Sampler OLCC License #: _____

Sample Name	Time	METRC Label	Unique Batch Number	SC Labs LIMS ID	Sample Type	Total Sample Mass	# of Increments	TESTS REQUESTED					Sample Specific Notes
								Potency	Water Activity	Moisture Content	Pesticide	Residual Solvent	
LN14-2021-002		NA		19-01	PT			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pinewalker Seedless
LN7-2021-004				19-02				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemberry
LN7-2021-005				19-03				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elektra
LN7-2021-006				19-04				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sour Space Candy
LN7-2021-007			19-06	19-05				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cakeberry Brulee
LN7-2021-008			19-05	19-07				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hawaiian Haze
LN7-2021-009			5th 12/14/21	19-07				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special Sauce
LN7-2021-010				19-08				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suver Haze
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes/Special Considerations: Opt. OUT of Sample Duplicate Yes No
 Please append the variety name listed in the "Sample Specific Notes" to the ODA harvest lot identifier (listed as "Sample Name"). Thanks!

Samples Relinquished: Seth Crawford Date: 12/16/2021
 Print Name: *Brett Gray* Date: 12/16/2021
 Representative of: Jack Hempicene LLC
 Signature: *[Signature]* Time: 12:26
 Signature: *[Signature]* Time: 12:24

Samples Received: _____
 Print Name: _____ Date: _____
 Representative of: _____
 Signature: _____ Time: _____