

Sample Name: **LN11-2021-002 Sour Chem**
 Tested for: **Jack Hempicine LLC**
Hemp Pre-Harvest01

Laboratory ID: 21L0055-03

Matrix: Plant Tissue

Sample Metrc ID: NA

Lot # LN11-2021-002

Batch RFID: NA

Batch Size: 8400 (sq. ft.)

Harvest Date: 1/10/2022

License: AG-R1040856IHG

Date Sampled: 12/13/21 00:00

Date Accepted: 12/13/21



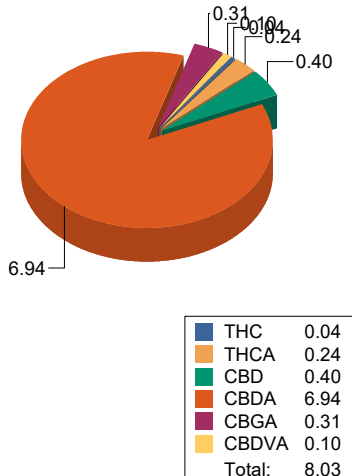
Potency Analysis

Date Extracted: 12/16/21

Analysis Method: UNODC 5.4.8

Date Analyzed: 12/17/21

* - ORELAP certified analyte

Cannabinoids	% weight	mg/g	LOQ (%)	Cannabinoids Profile
Total THC ((THCA*0.877)+d9)	0.25	2.5	0.03	
Total CBD ((CBDA*0.877)+CBD)	6.48	64.8	0.03	
d9-THC (d9-Tetrahydrocannabinol)*	0.04	0.4	0.04	
d8-THC (d8-Tetrahydrocannabinol)	< LOQ	< LOQ	0.04	
THCA (d9-Tetrahydrocannabinolic Acid)*	0.24	2.4	0.06	
CBD (Cannabidiol)*	0.40	4	0.03	
CBDA (Cannabidiolic Acid)*	6.94	69.4	0.06	
CBN (Cannabinol)	< LOQ	< LOQ	0.03	
CBG (Cannabigerol)	< LOQ	< LOQ	0.04	
CBGA (Cannabigerolic Acid)	0.31	3.1	0.04	
CBDV (Cannabidivarin)	< LOQ	< LOQ	0.04	
CBDVA (Cannabidivarinic Acid)	0.10	1	0.04	
CBC (Cannabichromene)	< LOQ	< LOQ	0.04	
THCV (Tetrahydrocannabivarin)	< LOQ	< LOQ	0.04	
Total Cannabinoids	8.06	80.6	0.03	

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


 Breeanna 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.

Quality Control Potency

Batch: B213071 - Potency/Terpenes

Blank(B213071-BLK1)			Extracted - 12/16/21 18:02 Analyzed - 12/17/21 5:23					
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(B213071-DUP1)			Extracted - 12/16/21 18:02 Analyzed - 12/17/21 5:32					
Analyte	Result	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit
d9-THC (d9-Tetrahydrocannabinol)	0.40	%		0.41			0.971	20
d8-THC (d8-Tetrahydrocannabinol)	< LOQ	%		< LOQ				20
THCA (d9-Tetrahydrocannabinolic Acid)	24.41	%		24.63			0.913	20
CBD (Cannabidiol)	< LOQ	%		< LOQ				20
CBDA (Cannabidiolic Acid)	0.09	%		0.09			0.639	20
CBN (Cannabinol)	< LOQ	%		< LOQ				20
CBG (Cannabigerol)	0.09	%		0.08			10.1	20
CBGA (Cannabigerolic Acid)	1.15	%		1.19			3.56	20
CBDV (Cannabidivarin)	< LOQ	%		< LOQ				20
CBDVA (Cannabidivarinic Acid)	< LOQ	%		< LOQ				20
CBC (Cannabichromene)	< LOQ	%		< LOQ				20
THCV (Tetrahydrocannabivarin)	0.07	%		< LOQ				20

LCS(B213071-BS1)			Extracted - 12/16/21 18:02 Analyzed - 12/17/21 5:14					
Analyte	Result	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit
d9-THC (d9-Tetrahydrocannabinol)	0.11	%	0.100		112	80-120		
THCA (d9-Tetrahydrocannabinolic Acid)	0.10	%	0.100		102	80-120		
CBD (Cannabidiol)	0.10	%	0.100		99.0	80-120		
CBN (Cannabinol)	0.10	%	0.100		95.7	80-120		

Breeanna Hamilton
Breeanna 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: <i>12/13/2021</i>
Registered Grower Name: <i>Jack Hempicine</i>	Registered Grower Business Name (if applicable):	Number of Harvest Lots Sampled: <i>1</i>
Time Sampling Started: <i>11:45 AM</i>	Representative (present at the time of sampling): <i>Seth</i>	

HEMP SAMPLING AREA – MUST BE A REGISTERED GROWING AREA

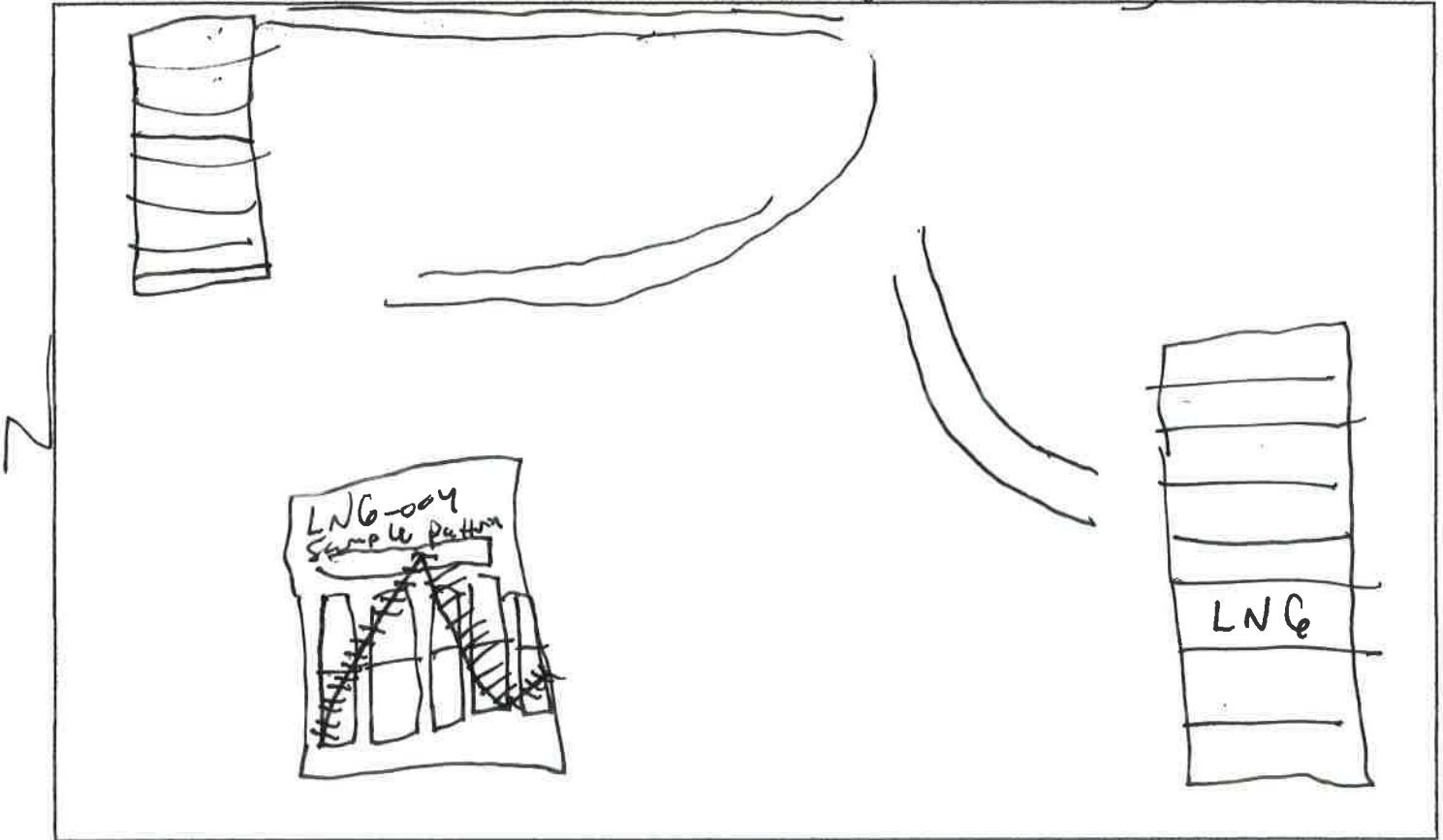
Grow Site Name: <i>Lawler</i>	Production Area Name: <i>LNG</i>	Harvest Lot Name (if applicable): <i>LNG</i> -2020-00 <i>4</i> <small>(production area name) (lot #)</small>
Physical Address: <i>3795 S-Pacific Hwy W</i>	City: <i>Independence</i>	Zip Code: <i>97351</i>
GPS Coordinates: Latitude: <i>44.886778</i> ⁴⁰⁷⁸ <small>(must be in decimal format, eg: 45.123456, -123.45623)</small>	Longitude: <i>-123.231888</i>	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>	Size of Area to be Sampled: _____ Acres OR <i>7500</i> Square Feet
Declared Start Harvest Date: <small>(must be no longer than 28 days from sample date)</small> <i>01/10/2022</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:

*3rd farm west from road (995 Pacific Hwy)
if facing Hwy*

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.

995 Pacific Hwy



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: _____

Seth Crawford

Sampler Signature: _____

Name: _____

Pavett 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: 12/13/2021
Registered Grower Name: Jack Hempincine LLC.	Registered Grower Business Name (if applicable):	Number of Harvest Lots Sampled: 1
Time Sampling Started: 11:30 AM	Representative (present at the time of sampling): Sety	

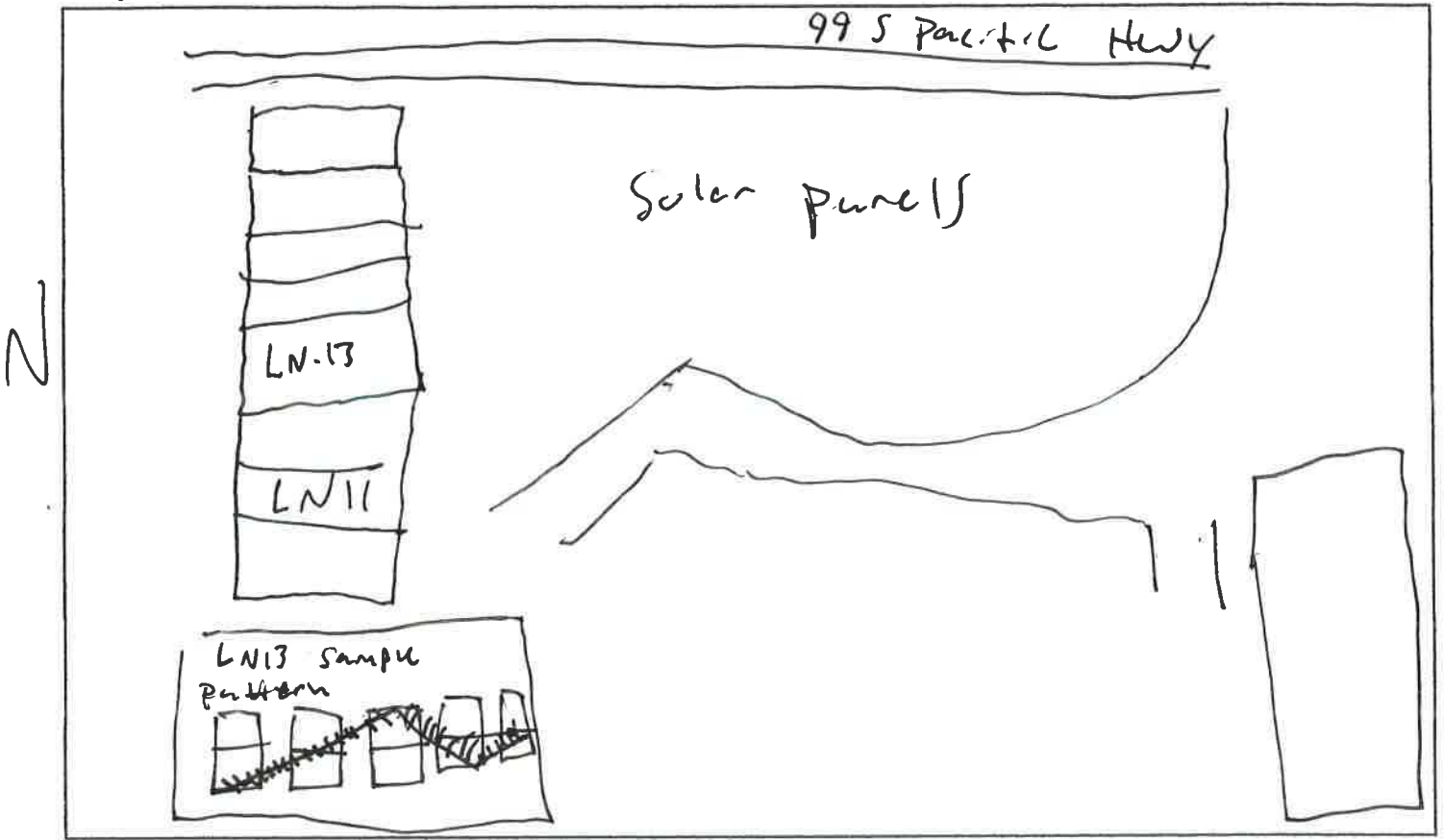
HEMP SAMPLING AREA – MUST BE A REGISTERED GROWING AREA

Grow Site Name: Lavander	Production Area Name: LN13	Harvest Lot Name (if applicable): LN13 -2020-00 3 (production area name). (lot #)
Physical Address: 3395 S Pacific Hwy	City: Independence	Zip Code: 97351
GPS Coordinates: Latitude: 44.886332 Longitude: -123.230033 (must be in decimal format, eg: 45.123456, -123.45623)		Total Size of Production Area: Acres OR 8400 Square Feet
Area Type: (e.g. field, greenhouse, indoor) Greenhouse	Intended Use For Hemp Crop: (e.g. flower, seed, fiber, biomass) Seed	Size of Area to be Sampled: Acres OR 8400 Square Feet
Declared Start Harvest Date: (must be no longer than 28 days from sample date) 01/10/2022		

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:

4th from road (995 Pacific) when Facing Highway

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: _____

Eth 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>12/13/2021</i>
Registered Grower Name: <i>Jack Hempicini</i>	Registered Grower Business Name (if applicable):	Number of Harvest Lots Sampled: <i>1</i>
Time Sampling Started: <i>12:15</i>	Representative (present at the time of sampling): <i>Leth</i>	

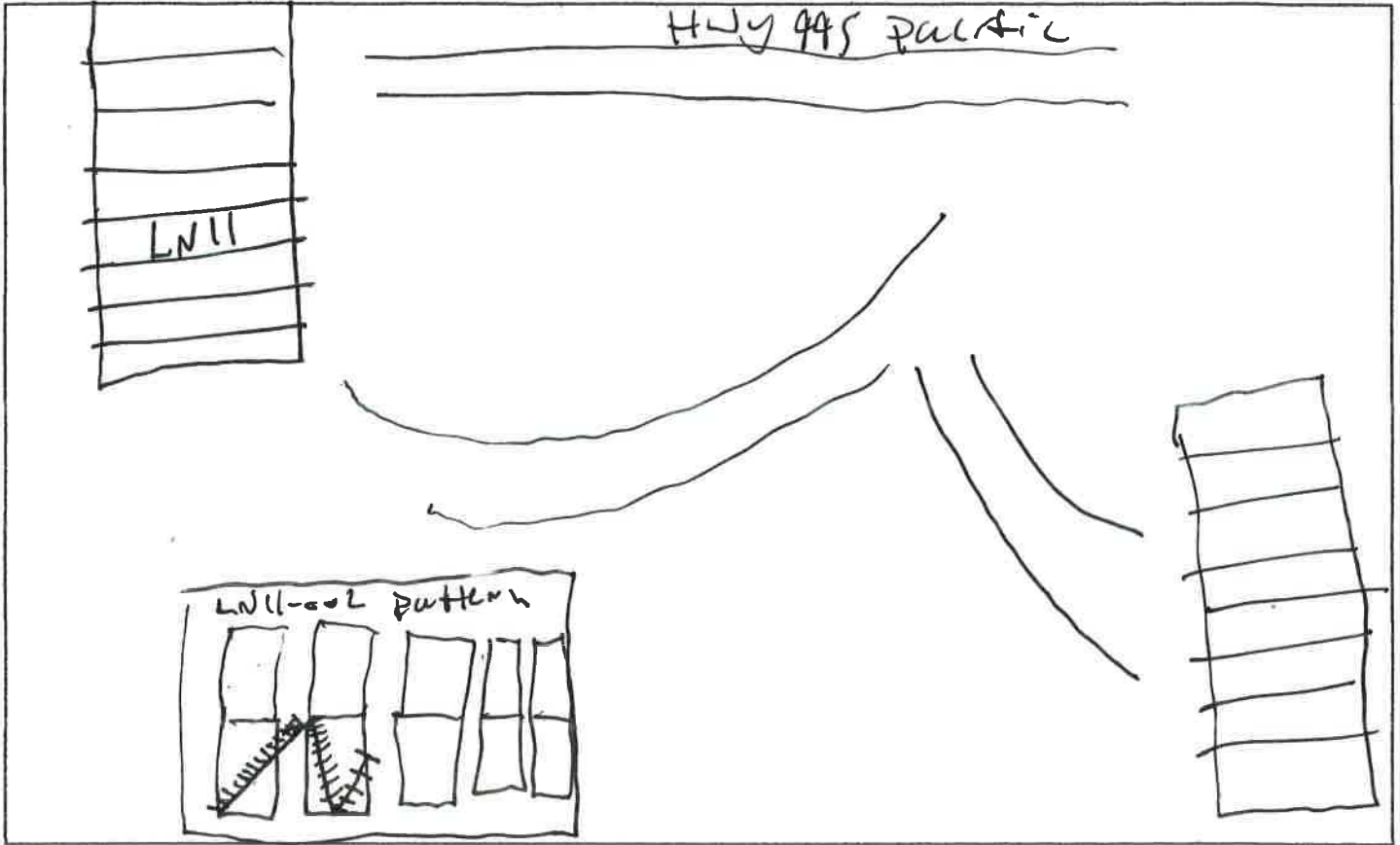
HEMP SAMPLING AREA – MUST BE A REGISTERED GROWING AREA

Grow Site Name: <i>La Vender</i>	Production Area Name: <i>LN11</i>	Harvest Lot Name (if applicable): <i>LN11 -2020-00 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>44.886332</i> Longitude: <i>-123.230319</i> <small>(must be in decimal format, eg: 45.123456, -123.45623)</small>		Total Size of Production Area: _____ Acres OR <i>8400</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>	Size of Area to be Sampled: _____ Acres OR <i>1400</i> Square Feet
Declared Start Harvest Date: <small>(must be no longer than 28 days from sample date)</small> <i>01/10/2022</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:

*5th greenhouse from road
 (995 Pacific Hwy) if facing West
 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: _____

Seth 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 Lab	Sampler Name (Printed): Brett Gray	Date: 12/13/2021
Registered Grower Name: Jack Hempire	Registered Grower Business Name (if applicable):	Number of Harvest Lots Sampled: 1
Time Sampling Started: 12:00	Representative (present at the time of sampling): Seth	

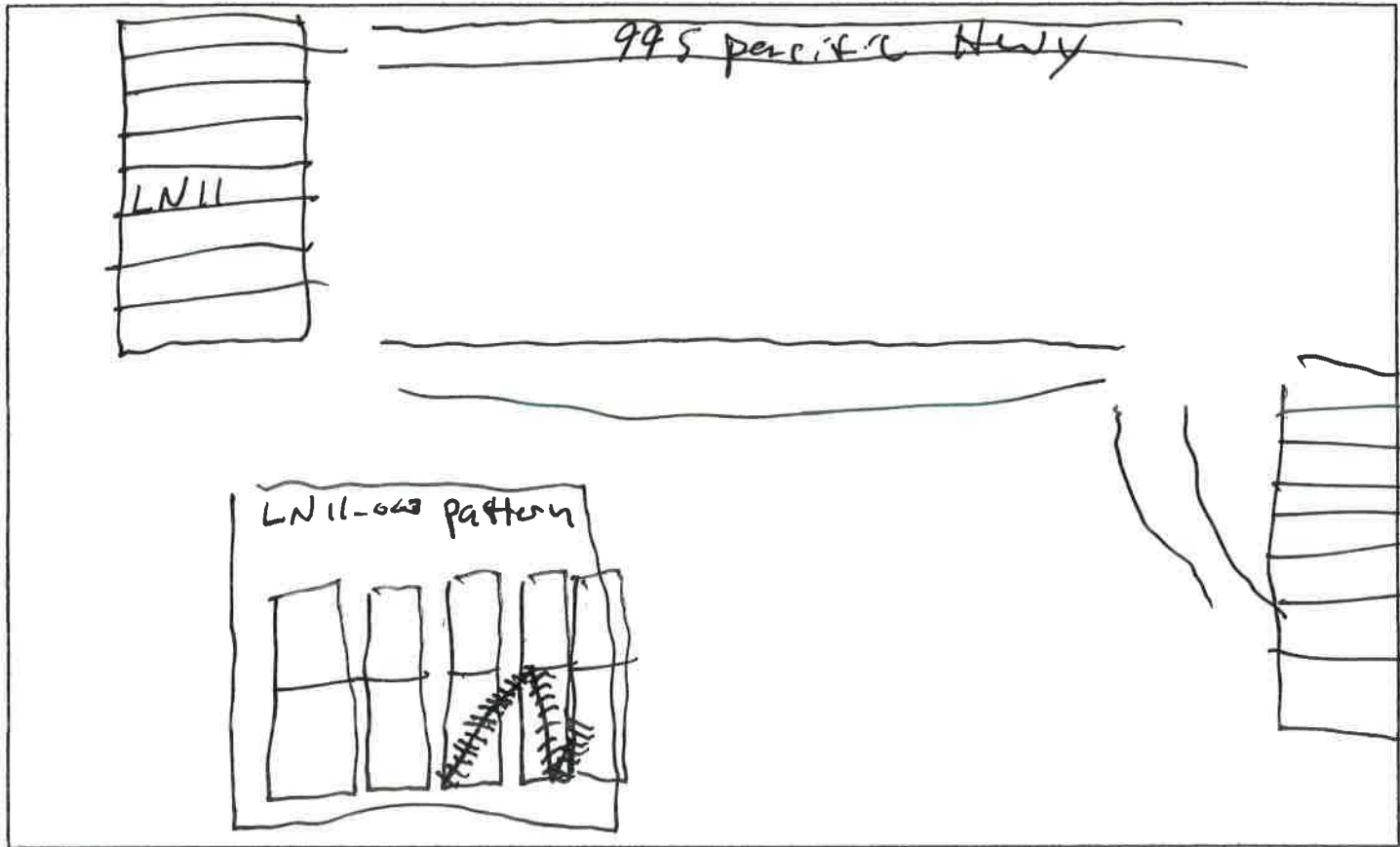
HEMP SAMPLING AREA – MUST BE A REGISTERED GROWING AREA

Grow Site Name: Lavender	Production Area Name: LN11	Harvest Lot Name (if applicable): LN11 -2020-00 3 <small>(production area name) (lot #)</small>
Physical Address: 3395 S Pacific Hwy W	City: Independence	Zip Code: 97351
GPS Coordinates: Latitude: 44.82632 Longitude: -123.23639 <small>(must be in decimal format, eg: 45.123456, -123.45623)</small>		Total Size of Production Area: _____ Acres OR 8400 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) 01/10/2022		Size of Area to be Sampled: _____ Acres OR 1400 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:

Sth greenhouse from the road when facing ~~west~~ East
 3395 Pacific

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.



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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: _____

Seth 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>12/13/2021</i>
Registered Grower Name: <i>Jack HempLine</i>	Registered Grower Business Name (if applicable):	Number of Harvest Lots Sampled: <i>1</i>
Time Sampling Started: <i>12:30</i>	Representative (present at the time of sampling): <i>BK Seth</i>	

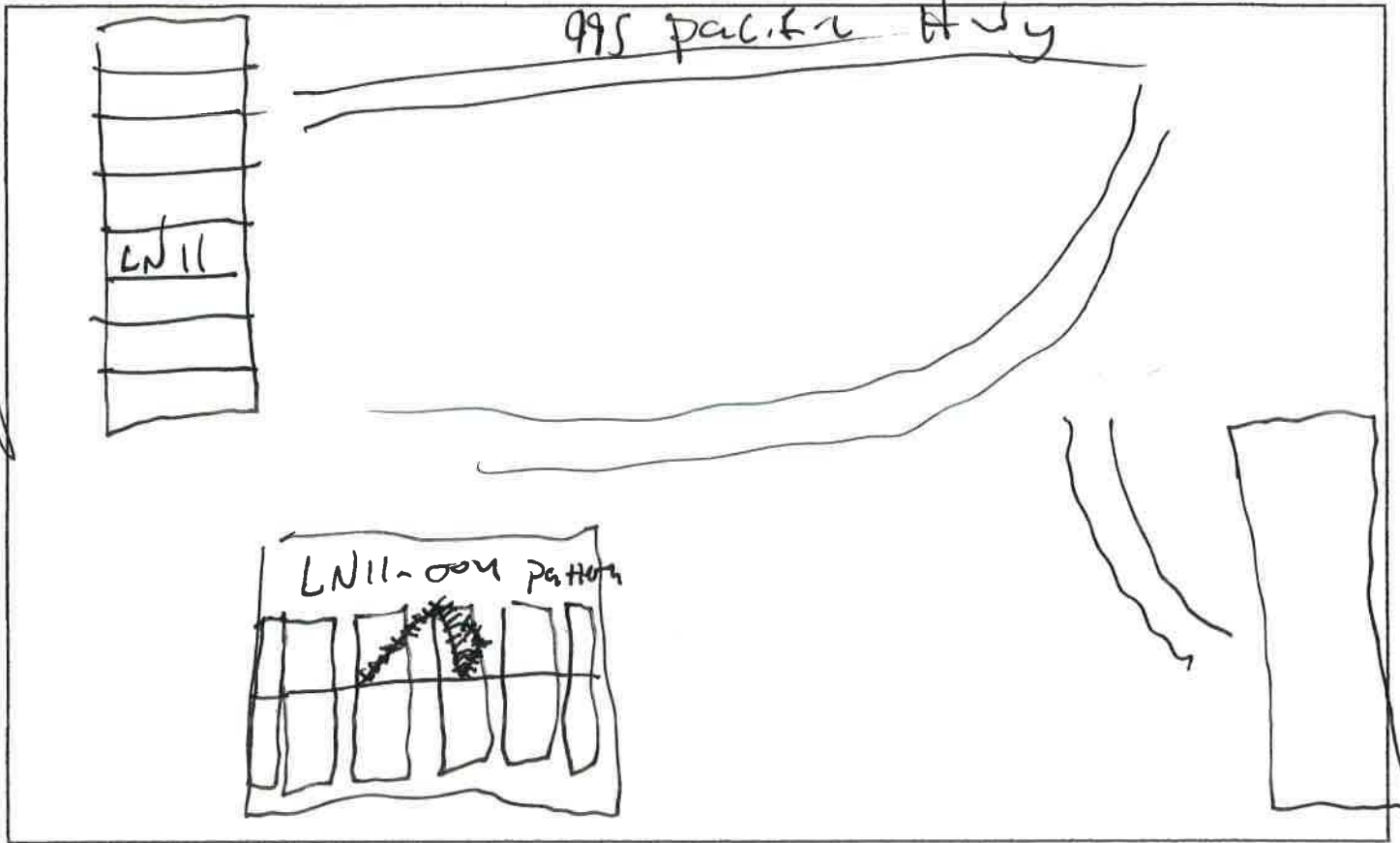
HEMP SAMPLING AREA – MUST BE A REGISTERED GROWING AREA

Grow Site Name: <i>Lavender</i>	Production Area Name: <i>LN11</i>	Harvest Lot Name (if applicable): <i>LN11 -2020-00 4</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>-122.230314</i> <small>(must be in decimal format, eg: 45.123456, -123.45623)</small>		Total Size of Production Area: _____ Acres OR <i>8400</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>	Size of Area to be Sampled: _____ Acres OR <i>1400</i> Square Feet
Declared Start Harvest Date: <small>(must be no longer than 28 days from sample date)</small> <i>01/10/2021</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:

5th greenhouse from the road (995 Pacific Hwy) when facing 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.



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Registered Grower/Representative Signature: 
 Name: Seth Crawford

Sampler Signature: 
 Name: Brett Gray

Oregon Department of Agriculture
HEMP ON-SITE SAMPLING FORM
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LABORATORY INFORMATION

Laboratory Name: <i>Sc Labs</i>	Sampler Name (Printed): <i>Brett Gray</i>	Date: <i>12/13/2021</i>
Registered Grower Name: <i>Jack Hempine LLC.</i>	Registered Grower Business Name (if applicable):	Number of Harvest Lots Sampled: <i>1</i>
Time Sampling Started: <i>13:00</i>	Representative (present at the time of sampling): <i>Seth</i>	

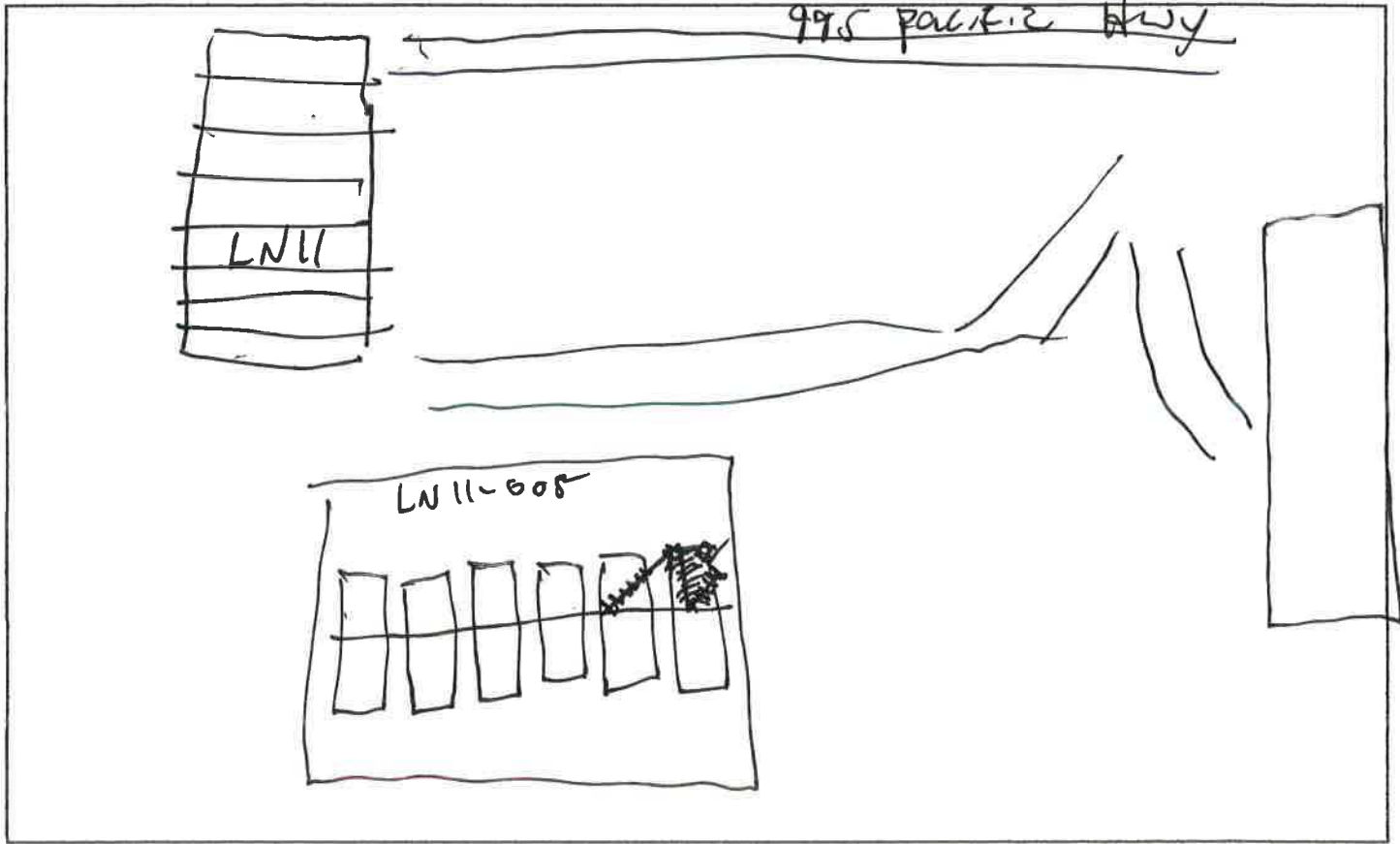
HEMP SAMPLING AREA – MUST BE A REGISTERED GROWING AREA

Grow Site Name: <i>Lavender</i>	Production Area Name: <i>LN11</i>	Harvest Lot Name (if applicable): <i>LN11 -2020-00 5</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>44.886772</i> Longitude: <i>-123.210319</i> <small>(must be in decimal format, eg: 45.123456, 123.45623)</small>		Total Size of Production Area: _____ Acres OR <i>8400</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>	Size of Area to be Sampled: _____ Acres OR <i>1400</i> Square Feet
Declared Start Harvest Date: <small>(must be no longer than 28 days from sample date)</small> <i>01/10/2022</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:

5th Greenhouse from the road when facing 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.



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Registered Grower/Representative Signature: _____ *[Handwritten Signature]*

Name: Seth Crawford

Sampler Signature: _____ *[Handwritten Signature]*

Name: Brett Gray

Oregon Department of Agriculture
HEMP ON-SITE SAMPLING FORM

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LABORATORY INFORMATION

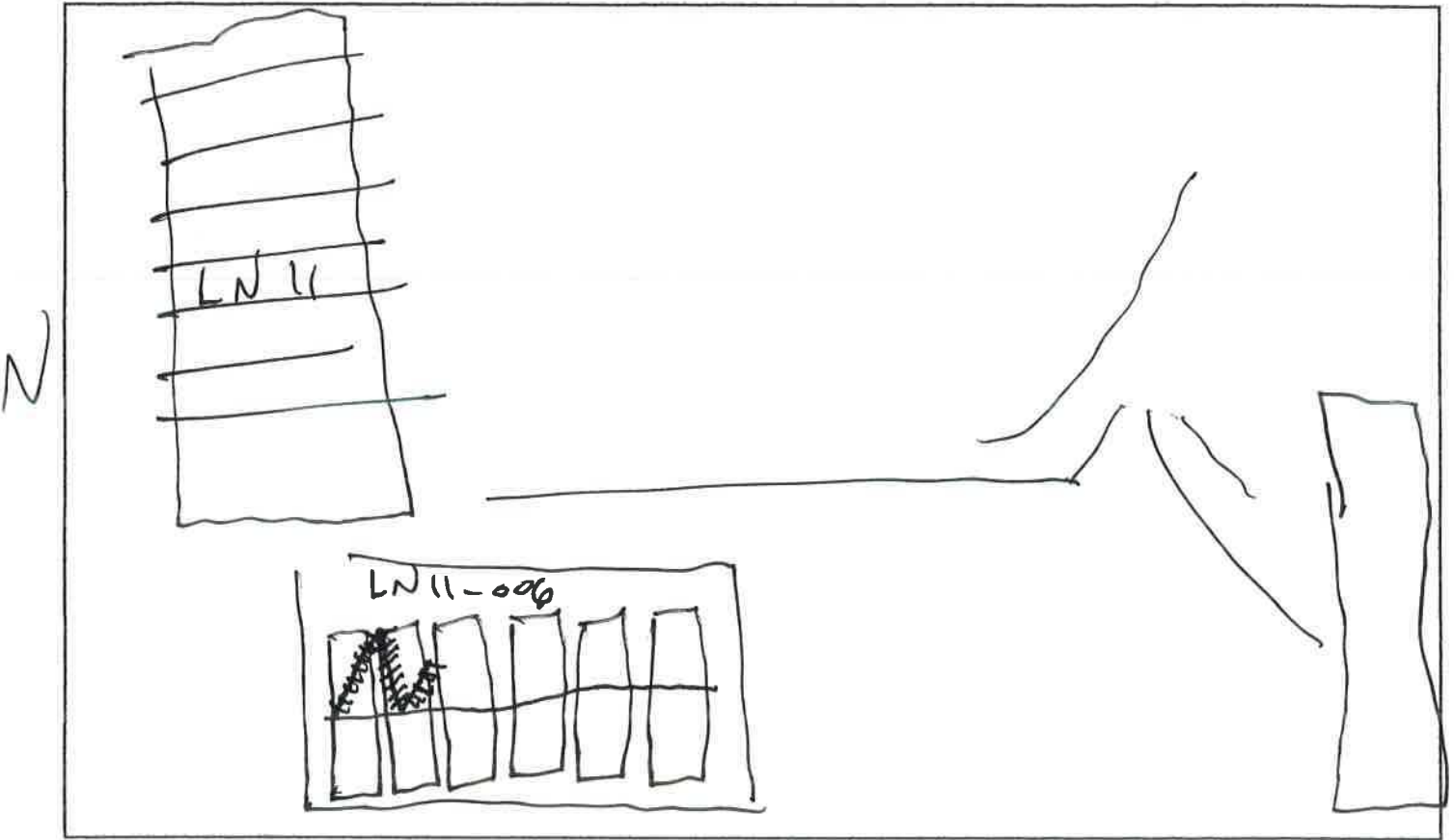
Laboratory Name: SC Labs	Sampler Name (Printed): Brett Gray	Date: 12/17/20
Registered Grower Name: Jack Hempiline LLC	Registered Grower Business Name (if applicable):	Number of Harvest Lots Sampled:
Time Sampling Started: 12:45	Representative (present at the time of sampling): SC44	

HEMP SAMPLING AREA – MUST BE A REGISTERED GROWING AREA

Grow Site Name: Laurander	Production Area Name: LN11	Harvest Lot Name (if applicable): LN11 -2020-00 <u>6</u> <small>(production area name). (lot #)</small>
Physical Address: 3795 S Pacific Hwy W	City: Independence	Zip Code: 97351
GPS Coordinates: Latitude: 44.986332 Longitude: -123.230319 <small>(must be in decimal format, eg: 45.123456, -123.45623)</small>	Total Size of Production Area: _____ Acres OR 8400 Square Feet	Size of Area to be Sampled: _____ Acres OR 1400 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) 01/10/2021

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:

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.



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Registered Grower/Representative Signature: _____

Name: Seth Crawford

Sampler Signature: _____

Name: Brett Gray

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

Laboratory Name: <i>SC Labs</i>	Sampler Name (Printed): <i>Brett Gray</i>	Date: <i>12/13/2021</i>
Registered Grower Name: <i>Jack Hempicine LLC.</i>	Registered Grower Business Name (if applicable):	Number of Harvest Lots Sampled: <i>1</i>
Time Sampling Started: <i>13:15</i>	Representative (present at the time of sampling): <i>Sety</i>	

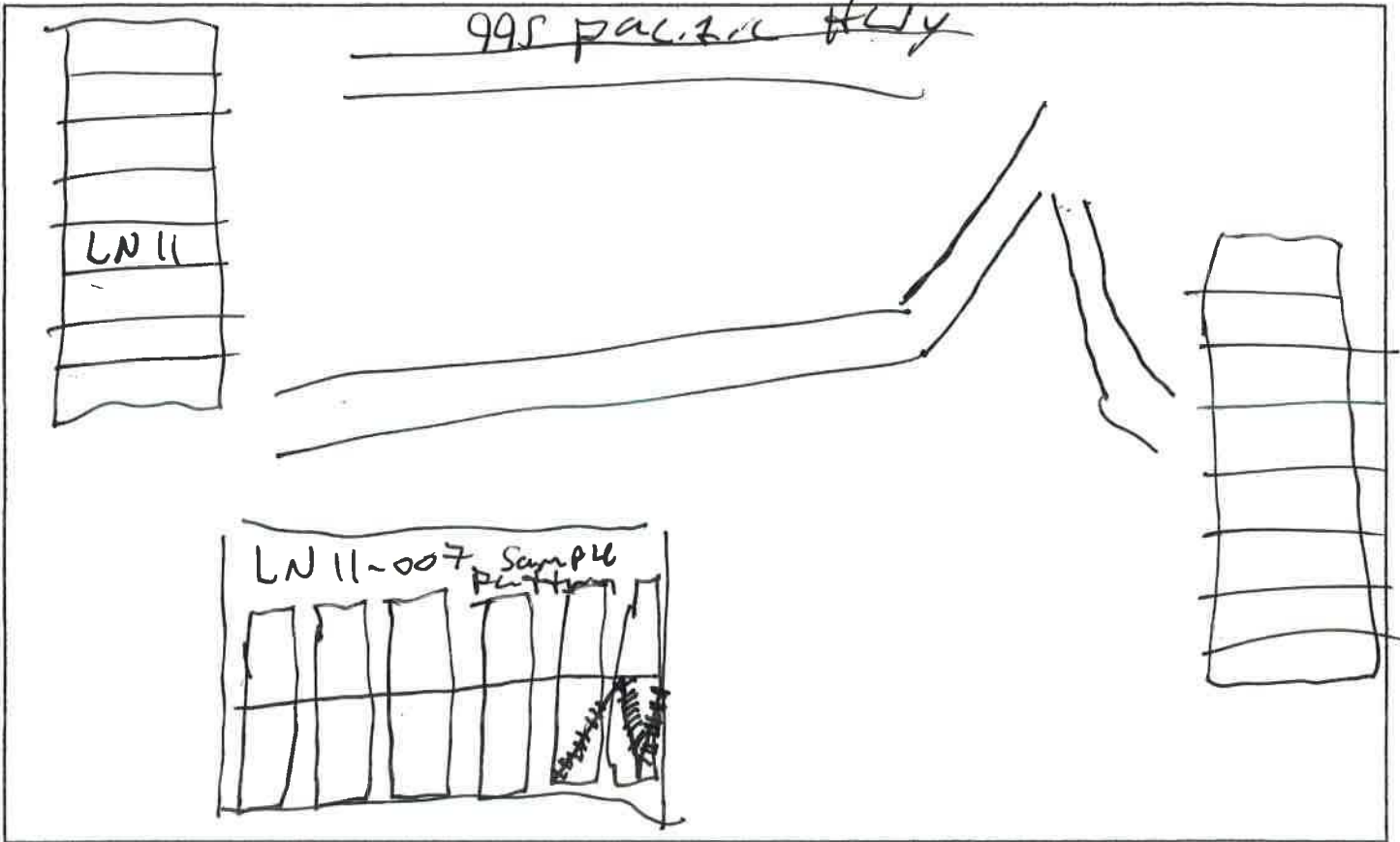
HEMP SAMPLING AREA – MUST BE A REGISTERED GROWING AREA

Grow Site Name: <i>Lavender</i>	Production Area Name: <i>LN11</i>	Harvest Lot Name (if applicable): <i>LN11</i> -2020-00 <i>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>
GPS Coordinates: Latitude: <i>44.886332</i> Longitude: <i>-123.230319</i> <small>(must be in decimal format, eg: 45.123456, -123.45623)</small>		Total Size of Production Area: <i>8400</i> Acres OR 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>	Size of Area to be Sampled: <i>1400</i> Acres OR Square Feet
Declared Start Harvest Date: <small>(must be no longer than 28 days from sample date)</small> <i>01/10/2021</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:

5th Greenhouse From the road when facing 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: _____ *[Signature]*

Name: Seth Crawford

Sampler Signature: _____ *[Signature]*

Name: Brett Gray



CHAIN OF CUSTODY FORM

SC Laboratories Oregon LLC
15865 SW 74th Avenue, Ste 110
Tigard OR, 97224
(503) 272-8830
ORELAP ID # 4133
www.sclabs.com

Work Order #: **21L0055**
COC #: 1 of 1
Received By: **WD**
Date: **12/13/21**
Courier: **Next**
Name of Sampler: **Next**
Transfer Manifest #: **NA**
Place where Sampled:
Sampler OLCC License #:

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

Sample Type Legend
U - Usable Marijuana
C - Concentrate
P - Product
O - Other

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	Terpene	
LN6-2021-004	11:45	NA		55-01	PT			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifter
LN13-2021-003	11:30			-02				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vitality Seedless
LN11-2021-002	12:15			-03				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sour Chem
LN11-2021-003	12:00			-04				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Super Sour Space Candy
LN11-2021-004	12:30			-05				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sour Brulee
LN11-2021-005	13:00			-06				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sour Hawaiian Haze
LN11-2021-006	12:45			-07				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sour Special Sauce
LN11-2021-007	13:15			-08				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sour Suver Haze

Notes/Special Considerations: Opt OUT of Sample Duplicate Yes No

Samples Relinquished Print Name: Seth Crawford Date: 12/13/21	Samples Received Print Name: Brett Gray Date: 12/13/21	Samples Relinquished Print Name: _____ Date: _____	Samples Received Print Name: _____ Date: _____
Representative of: Jack Hempicine LLC Signature: [Signature] Time: 12:48 pm	Representative of: SC Signature: [Signature] Time: 12:48 pm	Representative of: _____ Signature: _____ Time: _____	Representative of: _____ Signature: _____ Time: _____