



12423 NE Whitaker Way  
 Portland, OR 97230  
 503-254-1794



**Report Number:** 21-001327/D03.R00  
**Report Date:** 02/12/2021  
**ORELAP#:** OR100028  
**Purchase Order:**  
**Received:** 02/05/21 13:10

**Customer:** Oregon CBD  
**Product identity:** HT6-2021-001 Variety Sour Elektra  
**Client/Metric ID:** .  
**Laboratory ID:** 21-001327-0002 **Sample Date:** 02/05/21 11:00

### Summary

**Potency:**

Analyte	Result (%)			
CBD-A	2.30		CBD-Total	2.36%
CBD	0.340		THC-Total	0.0919%
CBC-A†	0.106		(Reported in percent of total sample)	
THC-A	0.0638			
CBG-A†	0.0418			
Δ9-THC	0.0359			



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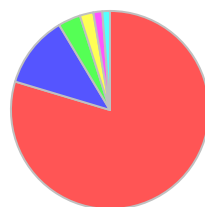
**Customer:** Oregon CBD

**Product identity:** HT6-2021-001 Variety Sour Elektra  
**Client/Metric ID:** .  
**Sample Date:** 02/05/21 11:00  
**Laboratory ID:** 21-001327-0002  
**Relinquished by:** Gina Erdmann  
**Temp:** 20 °C

### Sample Results

Potency **Method J AOAC 2015 V98-6 (mod)** **Batch: 2101296** **Analyze: 2/11/21 1:55:00 AM**

Analyte	As Received	Dry weight	LOQ	Notes
CBC	< LOQ		0.0298	
CBC-A†	0.106		0.0298	
CBC-Total†	0.0930		0.0560	
CBD	0.340		0.0298	
CBD-A	2.30		0.0298	
CBD-Total	2.36		0.0560	
CBDV†	< LOQ		0.0298	
CBDV-A†	< LOQ		0.0298	
CBDV-Total†	< LOQ		0.0557	
CBG†	< LOQ		0.0298	
CBG-A†	0.0418		0.0298	
CBG-Total	< LOQ		0.0557	
CBL†	< LOQ		0.0298	
CBN	< LOQ		0.0298	
Δ8-THC†	< LOQ		0.0298	
Δ9-THC	0.0359		0.0298	
THC-A	0.0638		0.0298	
THC-Total	0.0919		0.0560	
THCV†	< LOQ		0.0298	
THCV-A†	< LOQ		0.0298	
THCV-Total†	< LOQ		0.0557	
<b>Total Cannabinoids†</b>	<b>2.89</b>			



- CBD-A
- CBD
- CBC-A
- THC-A
- CBG-A
- 9-THC



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**Abbreviations**

**Limits:** Action Levels per OAR-333-007-0400, OAR-333-007-0210, OAR-333-007-0220

**Limit(s) of Quantitation (LOQ):** The minimum levels, concentrations, or quantities of a target variable (e.g., target analyte) that can be reported with a specified degree of confidence.

† = Analyte not NELAP accredited.

**Units of Measure**

% = Percentage of sample

% wt =  $\mu\text{g/g}$  divided by 10,000

Approved Signatory

Derrick Tanner  
General Manager



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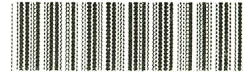


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**Cannabis Chain of Custody Record**

OREGONCBD 21-001327



**PIXIS Labs**  
Member of Tentamus

); OR100028

Number: \_\_\_\_\_

Company: Oregon CBD <i>AKA: Jack Hempicene LLC</i>		Analysis Requested											
Contact: Seth Crawford		Pesticides	Potency	Residual Solvents	Water Activity	Moisture	Terpenes	Microbiology	Metals	Matrix	Weight	Comments	Cont #'s
Address: 3395 S Pacific HWY W, Independence, OR 97351													
Email: seth@jackhempicene.com													
Phone: 541-760-5419 Fax: _____													
Processor's License: _____		<input type="checkbox"/> Report Instructions: <input type="checkbox"/> Send to State - METRC <input type="checkbox"/> Email Final Results: <input type="checkbox"/> Fax Final Results <input type="checkbox"/> Cash/Check/CC/Net 30 Other: _____											
Field ID	Date/Time Collected												
1 HT3-2021-001 Variety: Sour Hawaiian Haze	2/5/21 10:45		X									R&D Test	
2 HT6-2021-001 Variety: Sour Elektra	2/5/21 11		X										
3 HT8-2021-001 Variety: Sour RNA	2/5/21 11:15		X										
4 HT9-2021-001 Variety: Sour RNA	2/5/21 11:30		X										

Revision: 1.02 Control#: CF001 Effective date: 04/24/2017

www.pixislabs.com

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JS219121



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**PIXIS Labs**  
Member of Tentamus Co.

12423 NE Whitaker Way Portland OR 97230 p.503-254-1794

**Cannabis Chain of Custody Record**

Company: <b>Oregon CBD</b>		Analysis Requested							Purchase Order Number: _____				
Contact: <b>Seth Crawford</b>		Pesticides	Potency	Residual Solvents	Water Activity	Moisture	Terpenes	Microbiology	Metals	Project Number: _____			
Address: <b>3395 S Pacific HWY W, Independence, OR 97351</b>										Project Name: _____			
Email: <b>seth@jackhempicene.com</b>										<input type="checkbox"/> Report Instructions: <input type="checkbox"/> Send to State - METRC <input type="checkbox"/> Email Final Results: <input type="checkbox"/> Fax Final Results <input type="checkbox"/> Cash/Check/CC/Net 30 Other: _____			
Phone: <b>541-760-5419</b> Fax: _____										Matrix	Weight	Comments	Cont #'s
Processor's License: _____													
Field ID	Date/Time Collected												
Collected By:	Relinquished By:	Date	Time	Received By:	Date	Time	Labs Use Only:						
<input checked="" type="checkbox"/> Standard 5 day <input type="checkbox"/> Rush (1.5 x Standard) <input type="checkbox"/> Priority Rush (2 x Standard) <b>Ask About Availability</b>	Seth Crawford	2/5/21	11:45	[Signature]	2/5/21	13:10	Client Alias: _____ Order Number: _____ <input type="checkbox"/> Proper Container <input type="checkbox"/> Sample Condition <input type="checkbox"/> Temperature <input type="checkbox"/> Shipped Via: <b>20.0 client</b> Evidence of cooling: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO PIXIS WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THIS FORM



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Oregon Department of Agriculture  
**HEMP SAMPLING REQUEST**

**TESTING MUST BE COMPLETED PRIOR TO HARVEST**

**To request sampling and testing, submit a complete copy of this Hemp Sampling Request Form:**

To an OLCC licensed and OHA accredited laboratory of your choice according to the laboratory's procedures for requesting sampling; or to request ODA sampling and testing, submit the form to; [hemptestreports@oda.state.or.us](mailto:hemptestreports@oda.state.or.us) For a list of accredited laboratories, please visit; <https://www.oregon.gov/oha/PH/LaboratoryServices/EnvironmentalLaboratoryAccreditation/Documents/canna-list.pdf>.

*Complete one copy of this form for each harvest lot or production area.*

**GROWER INFORMATION**

<b>Grower Name:</b> Jack Hempicine LLC	<b>Business Name (if applicable):</b>	
<b>Phone:</b> 541-760-5419	<b>Email:</b> seth@jackhempicine.com	<b>Registration #:</b> AG-R1040856 -IHG

**HEMP SAMPLING AREA – MUST BE A REGISTERED PRODUCTION AREA; DO NOT COMBINE PRODUCTION AREAS**

<b>Grow Site Name:</b> Hilltop	<b>Production Area Name:</b> HT6		<b>Harvest Lot Name (if applicable):</b> HT6 -2020-00 1 <i>(production area name) (lot #)</i>
<b>Physical Address:</b> 7744 NW Mint Avenue (approximate)	<b>City:</b> Albany	<b>Zip Code:</b> 97321	<b>Total Size of Production Area:</b> ____ Acres OR 3000 Square Feet
<b>GPS Coordinates:</b> Latitude: 44.6828528 Longitude: -123.1850611 <i>(must be in decimal format, eg: 45.123456, -123.45623)</i>			<b>Size of Area to be Sampled:</b> ____ Acres OR 3000 Square Feet
<b>Area Type:</b> (e.g. field, greenhouse, indoor) Greenhouse	<b>Intended Use For Hemp Crop:</b> (e.g. flower, seed, fiber, biomass) Flower		<b>Declared Start Harvest Date:</b> (must be no longer than 28 days from sample date) 3/1/2021

**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:

The greenhouse complex is accessible via Mint avenue; the closest address is 7744 NW Mint Avenue. Travel to the end of Mint Avenue, then find the greenhouses north. HT6 is the furthest NE greenhouse in the complex, with "HT6" labeled on the door.

Oregon Department of Agriculture Hemp Program Phone: (503) 986-4652 Email: [hemp@oda.state.or.us](mailto:hemp@oda.state.or.us)  
 Web site: <https://oda.direct/hemp>

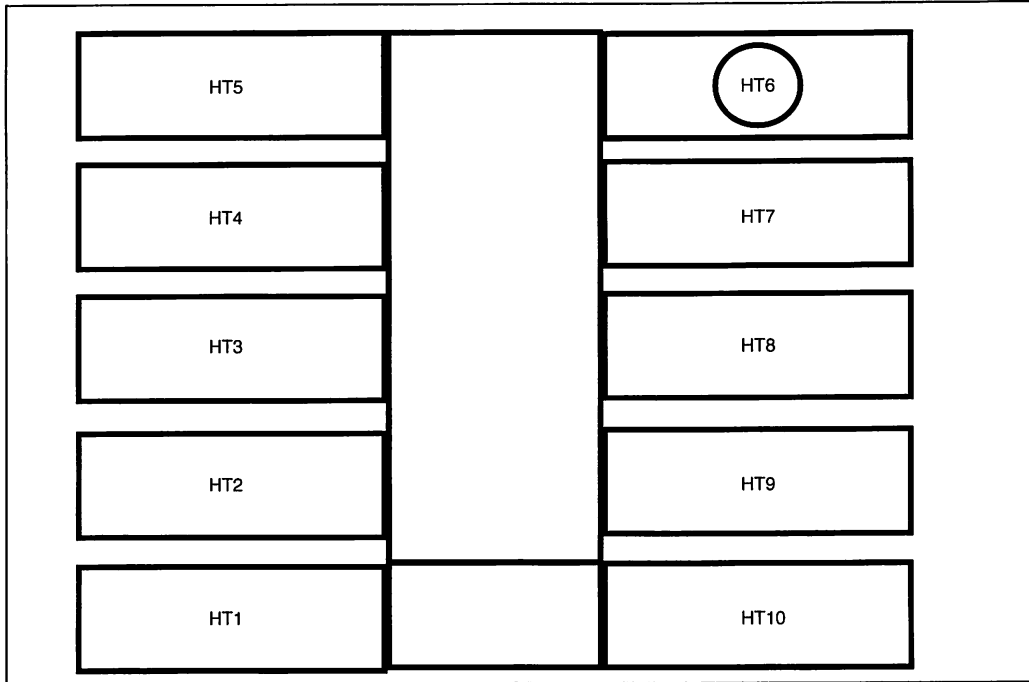


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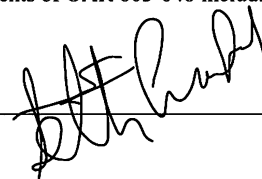
**Visual Depiction:** Provide a map oriented north, depicting the production area or harvest lot showing at least one prominent feature (road, building, etc.). Please outline and label all surrounding harvest lots and production areas, including areas left untested (May be hand drawn).



**GROWER REQUEST FOR SAMPLING AND TESTING**

I, Seth Crawford request pre-harvest sampling and testing  
(print name)

of production area(s) or harvest lot(s) of hemp as described in the attached Hemp Sampling Request Description(s) for THC analysis in accordance with OAR 603-048. Sampling and testing must comply with all requirements of OAR 603-048 including all Exhibits and forms.

Signature  Date 1/25/2021

Fees will apply. Laboratories or the ODA may have backlogs for sampling and testing. It is the grower's responsibility to ensure timely sampling and testing.



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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: Columbia Labs	Sampler Name (Printed): Gina Erdmann	Date: 2/5/21
Registered Grower Name: Jack Hempicine	Registered Grower Business Name (if applicable):	Number of Harvest Lots Sampled: 1
Time Sampling Started: 11:00	Representative (present at the time of sampling):	

**HEMP SAMPLING AREA – MUST BE A REGISTERED GROWING AREA**

<b>Grow Site Name:</b> Hilltop	<b>Production Area Name:</b> HT6	<b>Harvest Lot Name (if applicable):</b> HT6 -2020-00 1 <i>(production area name). (lot #)</i>	
<b>Physical Address:</b> 7744 NW Mint Ave	<b>City:</b> Albany	<b>Zip Code:</b> 97321	<b>Total Size of Production Area:</b> ____ Acres OR 3000 Square Feet
<b>GPS Coordinates:</b> Latitude: _____ Longitude: _____ <i>(must be in decimal format, eg: 45.123456, -123.45623)</i> 44.6827694, -123.1856361		<b>Size of Area to be Sampled:</b> ____ Acres OR 3000 Square Feet	
<b>Area Type:</b> (e.g. field, greenhouse, indoor) Greenhouse	<b>Intended Use For Hemp Crop:</b> (e.g. flower, seed, fiber, biomass) Flower	<b>Declared Start Harvest Date:</b> (must be no longer than 28 days from sample date) 3/1/21	

**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:

The greenhouse complex is accessible via Mint avenue; the closest address is 7744 NW Mint Avenue. Travel to the end of Mint Avenue, then find the greenhouses north. HT3 is the third-furthest SW greenhouse in the complex, with "HT3" labeled on the door.

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 Web site: <https://oda.direct/hemp>

1

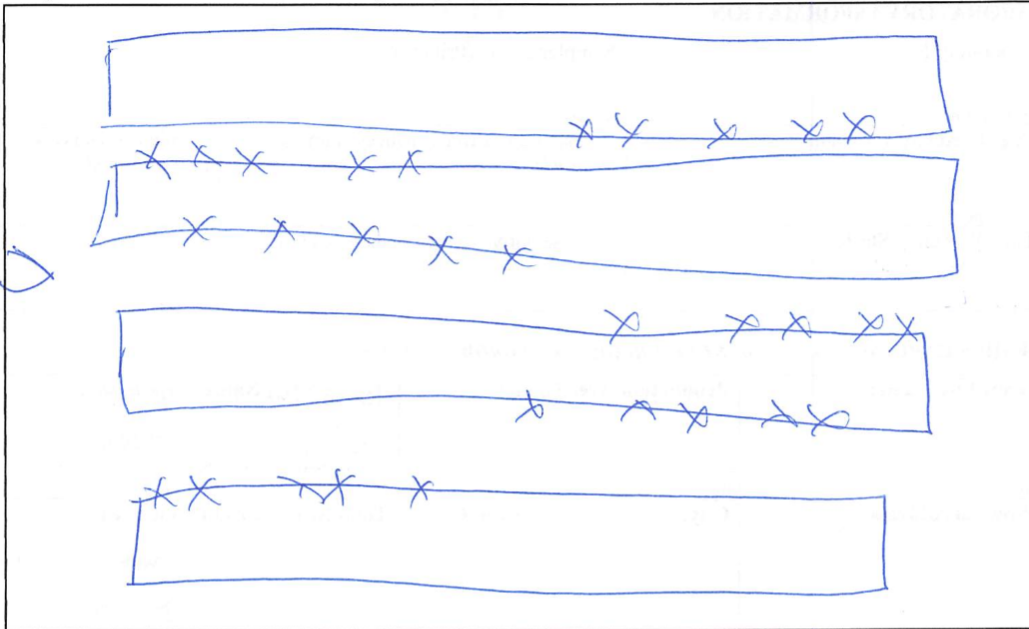


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**Visual Depiction:** Map or sketch each harvest lot or production area at the time and date of sampling to show the location of the grow area. **This must include the sampling pattern.** The description and depiction must be sufficient such that the 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: [Signature] Seth Crawford

Sampler Signature: Gina Erdmann

Name: [Signature]

Oregon Department of Agriculture Hemp Program Phone: (503) 986-4652 Email: [hemp@oda.state.or.us](mailto:hemp@oda.state.or.us)  
Web site: <https://oda.direct/hemp>



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Revision #: 0.00 Control : CFL-D06  
Revision Date: 05/31/2019 Effective Date: 05/31/2019

**Laboratory Quality Control Results**

**J AOAC 2015 V98-6** **Batch ID: 2101296**

Laboratory Control Sample									
Analyte	Result	Spike	Units	% Rec	Limits		Evaluation	Notes	
CBDV-A	0.0409	0.04	%	102	85.0	- 115	Acceptable		
CBDV	0.0412	0.04	%	103	85.0	- 115	Acceptable		
CBD-A	0.0410	0.04	%	103	85.0	- 115	Acceptable		
CBG-A	0.0401	0.04	%	100	85.0	- 115	Acceptable		
CBG	0.0414	0.04	%	103	85.0	- 115	Acceptable		
CBD	0.0409	0.04	%	102	85.0	- 115	Acceptable		
THCV	0.0403	0.04	%	101	85.0	- 115	Acceptable		
THCVA	0.0393	0.04	%	98.2	85.0	- 115	Acceptable		
CBN	0.0428	0.04	%	107	85.0	- 115	Acceptable		
THC	0.0432	0.04	%	108	85.0	- 115	Acceptable		
D8THC	0.0411	0.04	%	103	85.0	- 115	Acceptable		
CBL	0.0412	0.04	%	103	85.0	- 115	Acceptable		
CBC	0.0415	0.04	%	104	85.0	- 115	Acceptable		
THCA	0.0414	0.04	%	104	85.0	- 115	Acceptable		
CBCA	0.0398	0.04	%	99.5	85.0	- 115	Acceptable		

**Method Blank**

Analyte	Result	LOQ	Units	Limits		Evaluation	Notes	
CBDV-A	<LOQ	0.03	%	< 0.03		Acceptable		
CBDV	<LOQ	0.03	%	< 0.03		Acceptable		
CBD-A	<LOQ	0.03	%	< 0.03		Acceptable		
CBG-A	<LOQ	0.03	%	< 0.03		Acceptable		
CBG	<LOQ	0.03	%	< 0.03		Acceptable		
CBD	<LOQ	0.03	%	< 0.03		Acceptable		
THCV	<LOQ	0.03	%	< 0.03		Acceptable		
THCVA	<LOQ	0.03	%	< 0.03		Acceptable		
CBN	<LOQ	0.03	%	< 0.03		Acceptable		
THC	<LOQ	0.03	%	< 0.03		Acceptable		
D8THC	<LOQ	0.03	%	< 0.03		Acceptable		
CBL	<LOQ	0.03	%	< 0.03		Acceptable		
CBC	<LOQ	0.03	%	< 0.03		Acceptable		
THCA	<LOQ	0.03	%	< 0.03		Acceptable		
CBCA	<LOQ	0.03	%	< 0.03		Acceptable		

**Abbreviations**

- ND - None Detected at or above MRL
- RPD - Relative Percent Difference
- LOQ - Limit of Quantitation

**Units of Measure:**

% - Percent



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Revision #: 0.00 Control : CFL-D06  
 Revision Date: 05/31/2019 Effective Date: 05/31/2019

**Laboratory Quality Control Results**

J AOAC 2015 V98-6		Batch ID: 2101296						
Sample Duplicate		Sample ID: 21-001327-0001						
Analyte	Result	Org. Result	LOQ	Units	RPD	Limits	Evaluation	Notes
CBDV-A	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable	
CBDV	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable	
CBD-A	3.35	3.23	0.03	%	3.37	< 20	Acceptable	
CBG-A	0.0617	0.0581	0.03	%	6.02	< 20	Acceptable	
CBG	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable	
CBD	0.407	0.391	0.03	%	3.88	< 20	Acceptable	
THCV	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable	
THCVA	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable	
CBN	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable	
THC	0.0417	0.0398	0.03	%	4.89	< 20	Acceptable	
D8THC	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable	
CBL	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable	
CBC	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable	
THCA	0.0982	0.0955	0.03	%	2.80	< 20	Acceptable	
CBCA	0.126	0.122	0.03	%	3.62	< 20	Acceptable	

**Abbreviations**

- ND - None Detected at or above MRL
- RPD - Relative Percent Difference
- LOQ - Limit of Quantitation
- NA - Calculation Not Applicable given non-numerical results

**Units of Measure:**

% - Percent



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Explanation of QC Flag Comments:

Code	Explanation
Q	Matrix interferences affecting spike or surrogate recoveries.
Q1	Quality control result biased high. Only non-detect samples reported.
Q2	Quality control outside QC limits. Data considered estimate.
Q3	Sample concentration greater than four times the amount spiked.
Q4	Non-homogenous sample matrix, affecting RPD result and/or % recoveries.
Q5	Spike results above calibration curve.
Q6	Quality control outside QC limits. Data acceptable based on remaining QC.
R	Relative percent difference (RPD) outside control limit.
R1	RPD non-calculable, as sample or duplicate results are less than five times the LOQ.
R2	Sample replicates RPD non-calculable, as only one replicate is within the analytical range.
LOQ1	Quantitation level raised due to low sample volume and/or dilution.
LOQ2	Quantitation level raised due to matrix interference.
B	Analyte detected in method blank, but not in associated samples.
B1	The sample concentration is greater than 5 times the blank concentration.
B2	The sample concentration is less than 5 times the blank concentration.