



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



Report Number: 21-001327/D02.R00
Report Date: 02/12/2021
ORELAP#: OR100028
Purchase Order:
Received: 02/05/21 13:10

Customer: Oregon CBD
Product identity: HT3-2021-001 Variety Sour Hawaiian Haze
Client/Metric ID: .
Laboratory ID: 21-001327-0001 **Sample Date:** 02/05/21 10:45

Summary

Potency:

Analyte	Result (%)			
CBD-A	3.35		CBD-Total	3.35%
CBD	0.407		THC-Total	0.128%
CBC-A†	0.126		(Reported in percent of total sample)	
THC-A	0.0982			
CBG-A†	0.0617			
Δ9-THC	0.0417			



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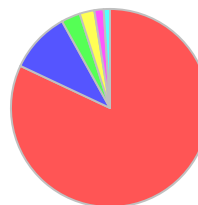
Customer: Oregon CBD

Product identity: HT3-2021-001 Variety Sour Hawaiian Haze
Client/Metric ID: .
Sample Date: 02/05/21 10:45
Laboratory ID: 21-001327-0001
Relinquished by: Gina Erdmann
Temp: 20 °C

Sample Results

Potency **Method J AOAC 2015 V98-6 (mod)** **Batch: 2101296** **Analyze: 2/11/21 1:32:00 AM**

Analyte	As Received	Dry weight	LOQ	Notes
CBC	< LOQ		0.0293	
CBC-A†	0.126		0.0293	
CBC-Total†	0.111		0.0550	
CBD	0.407		0.0293	
CBD-A	3.35		0.0293	
CBD-Total	3.35		0.0550	
CBDV†	< LOQ		0.0293	
CBDV-A†	< LOQ		0.0293	
CBDV-Total†	< LOQ		0.0546	
CBG†	< LOQ		0.0293	
CBG-A†	0.0617		0.0293	
CBG-Total	< LOQ		0.0546	
CBL†	< LOQ		0.0293	
CBN	< LOQ		0.0293	
Δ8-THC†	< LOQ		0.0293	
Δ9-THC	0.0417		0.0293	
THC-A	0.0982		0.0293	
THC-Total	0.128		0.0550	
THCV†	< LOQ		0.0293	
THCV-A†	< LOQ		0.0293	
THCV-Total†	< LOQ		0.0546	
Total Cannabinoids†	4.08			



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

Test results relate only to the parameters tested and to the samples as received by the laboratory. Test results meet all requirements of NELAP and the Columbia Laboratories quality assurance plan unless otherwise noted. This report shall not be reproduced, except in full, without the written consent of this laboratory. Samples will be retained for a maximum of 30 days from the receipt date unless prior arrangements have been made.

Testing in accordance with: OAR 333-007-0430



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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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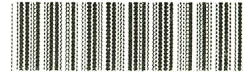


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Cannabis Chain of Custody Record

OREGONCBD 21-001327



PIXIS Labs
A Tentamus Company

); 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.

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Cannabis Chain of Custody Record

Company: Oregon CBD		Analysis Requested							Purchase Order Number: _____				
Contact: Seth Crawford		Pesticides	Potency	Residual Solvents	Water Activity	Moisture	Terpenes	Microbiology	Metals	Project Number: _____			
Address: 3395 S Pacific HWY W, Independence, OR 97351										Project Name: _____			
Email: seth@jackhempicene.com										<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: 541-760-5419 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) Ask About Availability	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: 20.0 client 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; hempstestreports@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

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

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

Grow Site Name: Hilltop	Production Area Name: HT3		Harvest Lot Name (if applicable): HT3 -2020-00 1 <i>(production area name) (lot #)</i>
Physical Address: 7744 NW Mint Avenue (approximate)	City: Albany	Zip Code: 97321	Total Size of Production Area: ____ Acres OR 3000 Square Feet
GPS Coordinates: Latitude: 44.68265 Longitude: -123.1856694 <i>(must be in decimal format, eg: 45.123456, -123.45623)</i>			Size of Area to be Sampled: ____ Acres OR 3000 Square Feet
Area Type: (e.g. field, greenhouse, indoor) Greenhouse	Intended Use For Hemp Crop: (e.g. flower, seed, fiber, biomass) Flower		Declared Start Harvest Date: (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. HT3 is the third-furthest SW greenhouse in the complex, with "HT3" labeled on the door.

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

1

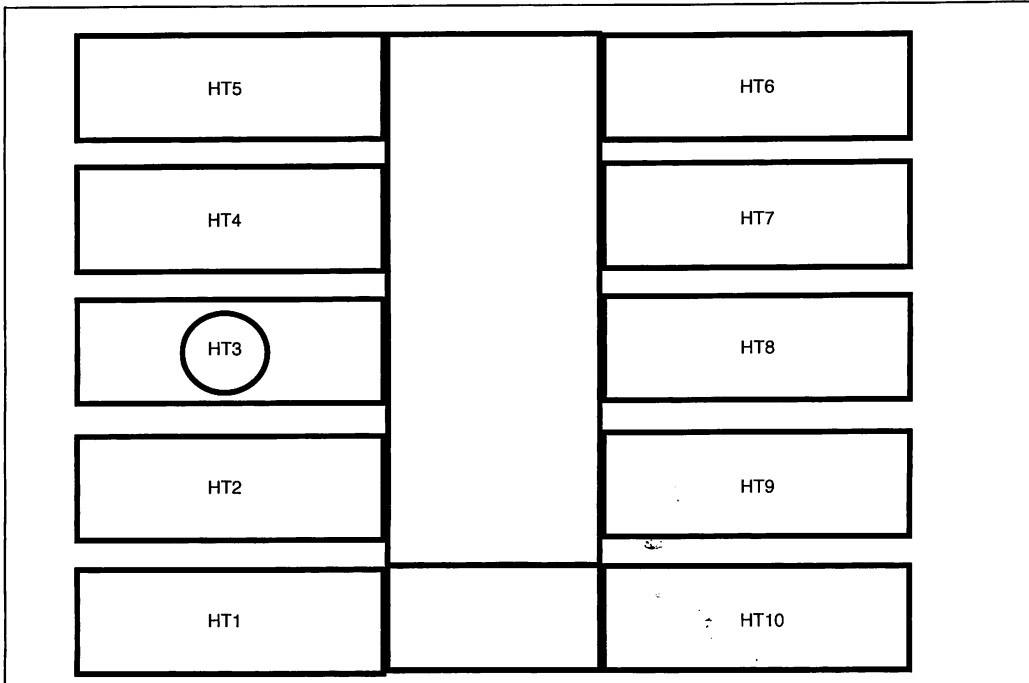


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Visual Depiction: Provide a map oriented north, depicting the production area or harvest lot showing at least one prominent feature (road, building, etc.). Please outline and label all surrounding harvest lots and production areas, including areas 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: 10:45	Representative (present at the time of sampling):	

HEMP SAMPLING AREA – MUST BE A REGISTERED GROWING AREA

Grow Site Name: Hilltop	Production Area Name: HT3	Harvest Lot Name (if applicable): HT3 -2020-00 1 <i>(production area name) (lot #)</i>	
Physical Address: 7744 NW Mint Ave	City: Albany	Zip Code: 97321	Total Size of Production Area: ____ Acres OR 3000 Square Feet
GPS Coordinates: Latitude: _____ Longitude: _____ <i>(must be in decimal format, eg: 45.123456, -123.45623)</i> 44.6827694, -123.1856361		Size of Area to be Sampled: ____ Acres OR 3000 Square Feet	
Area Type: (e.g. field, greenhouse, indoor) Greenhouse	Intended Use For Hemp Crop: (e.g. flower, seed, fiber, biomass) Flower	Declared Start Harvest Date: (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.

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

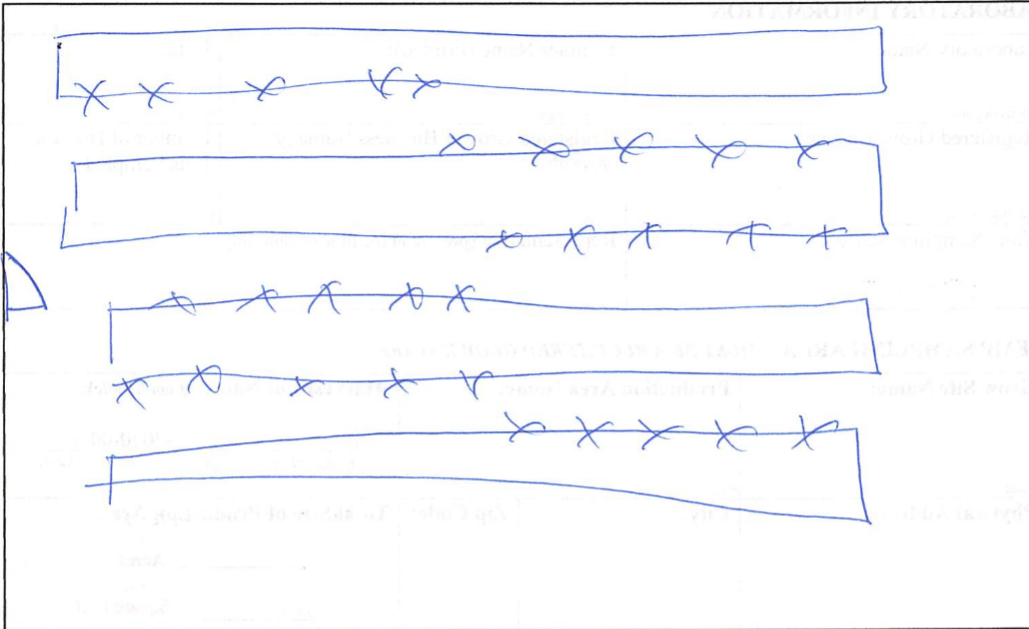


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Visual Depiction: Map or sketch each harvest lot or production area at the time and date of sampling to show the location of the grow area. **This must include the sampling pattern.** The description and depiction must be sufficient such that the growing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

Name: [Signature]

Sampler Signature: Gina Erdmann

Name: [Signature]

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

Laboratory Quality Control Results

JAOAC2015 V986 Batch ID: 2101296

Laboratory Control Sample

Analyte	Result	Spike	Units	% Rec	Limits	Evaluation	Notes
CBDVA	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
CBDVA	<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

JAOAC2015 V986		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	
CBG	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable	
THCA	0.0982	0.0955	0.03	%	2.80	< 20	Acceptable	
CBGA	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.