



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



**Report Number:** 20-003077/D03.R00  
**Report Date:** 03/25/2020  
**ORELAP#:** OR100028  
**Purchase Order:**  
**Received:** 03/18/20 13:05

**Customer:** Oregon CBD  
**Product identity:** Super Sour Space Candy  
**Client/Metric ID:** .  
**Laboratory ID:** 20-003077-0003

**Sample Date:** 03/18/20 09:00

### Summary

**Potency:**

Analyte	Result (%)		
CBD-A	2.53		CBD-Total 2.85%
CBD	0.635		THC-Total 0.114%
CBC-A†	0.104		(Reported in percent of total sample)
CBG-A†	0.0974		
THC-A	0.0670		
Δ9-THC	0.0548		
CBC	0.0452		

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**Customer:** Oregon CBD  
**Product identity:** Super Sour Space Candy  
**Client/Metric ID:** .  
**Sample Date:** 03/18/20 09:00  
**Laboratory ID:** 20-003077-0003  
**Relinquished by:** Gina Erdmann  
**Temp:** 22.6 °C

### Sample Results

Potency	Method J AOAC 2015 V98-6			Units %	Batch 2002690	Analyze 03/23/20 07:35 PM
Analyte	As Received	Dry weight	LOQ	Notes		
CBC	0.0452		0.0293		<ul style="list-style-type: none"> <li>● CBD-A</li> <li>● CBD</li> <li>● CBC-A</li> <li>● CBG-A</li> <li>● THC-A</li> <li>● 9-THC</li> <li>● CBC</li> </ul>	
CBC-A†	0.104		0.0293			
CBC-Total†	0.136		0.0550			
CBD	0.635		0.0293			
CBD-A	2.53		0.0293			
CBD-Total	2.85		0.0550			
CBDV†	< LOQ		0.0293			
CBDV-A†	< LOQ		0.0293			
CBDV-Total†	< LOQ		0.0547			
CBG†	< LOQ		0.0293			
CBG-A†	0.0974		0.0293			
CBG-Total	0.0855		0.0547			
CBL†	< LOQ		0.0293			
CBN	< LOQ		0.0293			
Δ8-THC†	< LOQ		0.0293			
Δ9-THC	0.0548		0.0293			
THC-A	0.0670		0.0293			
THC-Total	0.114		0.0550			
THCV†	< LOQ		0.0293			
THCV-A†	< LOQ		0.0293			
THCV-Total†	< LOQ		0.0547			
<b>Total Cannabinoids</b>	<b>3.53</b>					

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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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**Cannabis Chain of Custody Record**



<b>Chain of Custody Instructions</b>	
<b>REPORT ATTENTION -</b>	Name of the person who receives the labs report
<b>CUSTOMER NAME -</b>	Name of the company or individual requesting the analysis.
<b>MAILING ADDRESS -</b>	Address of the customer to which the labs report and billings should be sent.
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail or transmittal instruction or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer for its internal identification purposes.
<b>REPORTING REQUEST STATE COMPLIANCE</b>	Applies to all samples <b>MUST BE CHECKED FOR ALL COMPLIANCE WORK REQUESTED for reporting to METRC</b>
<b>SAMPLE ID -</b>	A short description of the sample point and material to be analyzed. This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle or container.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession, etc.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks such as high concentrations, or hazardous content.
<b>AUTHORIZED CUSTOMER SIGNATURE -</b>	Form must be signed by authorized representative of customer.

  

<b>TERMS AND CONDITION</b>	
<p><b>PRICING AND CHARGES</b> - Prices to be charged for work performed for CUSTOMER are those currently published in the PIXIS LABS (PIXIS) standard price book unless otherwise agreed in writing by the CUSTOMER and PIXIS. CUSTOMER must notify PIXIS of price quotation at the time of the transfer of sample(s) to PIXIS. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation. Unless otherwise agreed upon, samples containing hazardous material, will be shipped back to client at their expense, or disposed of at a certain fee, waste category dependent.</p>	
<p><b>DELIVERY AND LIABILITY LIMITATIONS</b> The specific format of the goods will be defined by CUSTOMER to PIXIS upon delivery of the sample(s) to PIXIS. PIXIS will analyze samples provided by CUSTOMER as requested by CUSTOMER in accordance with the procedures documented in the PIXIS Quality Assurance Plan (QAP). Samples are retained for 15-days. If additional time is desired, then a written request is required and an additional monthly fee will apply.</p>	
<p><b>CONFIDENTIALITY</b> - PIXIS will use its best efforts to treat all information regarding work performed for CUSTOMER as proprietary and confidential. No CUSTOMER information will be released to third persons without the written request of the CUSTOMER.</p>	
<p><b>LIMITATION OF LIABILITY AND WARRANTY</b> PIXIS gives no warranty, express or implied, or of fitness for a particular purpose, in connection with its analytical testing or reporting. Any liability of PIXIS to CUSTOMER or any third party shall be limited to the cost of analysis charged to CUSTOMER.</p>	
<p><b>PAST DUE ACCOUNTS</b> Credit line account are payable within 30 days. Accounts that are past 60 days will incur 1½% per month on all sums past due until paid in full. Customer agrees to pay the interest as a service charge and all of PIXIS's collection costs, including reasonable attorney fees.</p>	
<p><b>EXPERT TESTIMONY AND COURT APPEARANCES</b> In the event CUSTOMER requires the further written opinion or testimony of any employee of PIXIS, including response to a subpoena issued by CUSTOMER or any third person, CUSTOMER agrees to pay such additional fees and expenses as may be reasonably assessed by PIXIS.</p>	
<p><b>ALTERNATIVE DISPUTE RESOLUTION (ADR)</b> Any disputes arising out of this Agreement or the analytical testing of reporting of PIXIS shall be settled through mediation and/or arbitration rather than litigation, and the cost of the ADR shall be borne equally by both parties.</p>	
<p><b>APPLICABLE LAW</b> Legal matters arising from work performed by PIXIS for CUSTOMER will be construed and interpreted in accordance with the laws for the state of Oregon.</p>	

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

www.pixislabs.com

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## Oregon Department of Agriculture HEMP SAMPLING AND TESTING REQUEST FORM

### INSTRUCTIONS FOR COMPLETING THIS FORM:

- All sampling and testing must be performed by a laboratory licensed by the Oregon Liquor Control Commission (OLCC) under ORS 475B.560 and accredited by the Oregon Health Authority (OHA) pursuant to ORS 475B.565 to sample and test for total tetrahydrocannabinol (THC) content (hereinafter, Laboratory) or the Oregon Department of Agriculture (ODA).
- The current list of licensed and accredited laboratories may be found at: <https://oda.direct/hemp>. A laboratory must appear on **both licensure and accreditation lists** and may only perform sampling and/or testing according to their accreditation. The list may also be found by searching on the OHA website for “accredited cannabis labs”.
- Hemp grown under an ODA registration, including industrial hemp grown for agricultural hemp seed, must be sampled and tested for the purpose of ensuring that the crop contains an average THC concentration not exceeding 0.3 percent on a dry weight basis, as required by ORS 571.300 to 571.315; and OAR 603-048.
- Sampling must be in accordance to OAR 603-048-0600, and occur no more than four (4) weeks (28 days) prior to harvest. Laboratories may only sample plants with flowers when the purpose of the harvest lot is to produce flower. If no flowering plants are present, laboratories must reschedule the sampling for a later date when flowering plants are present.
- YOU MUST LEGIBLY COMPLETE EVERY SECTION OF THIS FORM. Incomplete or illegible forms shall be returned and shall not be accepted until deficiencies are corrected.
- Complete one copy of the “Harvest Lot Sampling Request Description” (page 3 of this document) for *each* harvest lot as defined by OAR 603-048-0010 (13). A **Harvest Lot** means:
  - a. Means a quantity of industrial hemp harvested within a distinct timeframe that is:
    - A. Grown in one contiguous field or growing area; or
    - B. Grown in a portion or portions of one contiguous field or one growing area.
  - b. Does not include a quantity of industrial hemp comprised of industrial hemp grown in noncontiguous fields, noncontiguous growing areas.
- “**Harvest Lot Identifier**” means a unique numerical identifier that begins with the name of the grow site, then the year of harvest, and then a unique number to identify the harvest lot. **Example.** If the grow site name is Field 1 and the grower plans to cultivate two harvest lots in the 2020 calendar year, the following are appropriate harvest lot identifiers: Field 1-2020-001 and Field 1-2020-002
- To request sampling and testing, submit a complete copy of this Hemp Sampling Request Form:
  - To a licensed and 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 [hempstereports@oda.state.or.us](mailto:hempstereports@oda.state.or.us).

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

Laboratory Use Only

#### INSTRUCTIONS FOR COMPLETING THIS FORM:

- Sampling may only be performed by a laboratory licensed by the Oregon Liquor Control Commission (OLCC) under ORS 475B.560 and accredited by the Oregon Health Authority (OHA) pursuant to ORS 475B.565 to sample and test for Δ9 tetrahydrocannabinol (THC) content (hereinafter, Laboratory) pursuant to a complete Hemp Sampling and Testing Request Form.
- IT IS NECESSARY TO LEGIBLY COMPLETE EVERY SECTION OF THIS FORM. Incomplete or illegible forms shall be returned and shall not be accepted until deficiencies are corrected.
- The Laboratory must complete a Harvest Lot On-Site Sampling Description (page 2 of this Form) for *each* harvest lot as defined by OAR 603-048-0010 (13). The form must accompany the sample to the laboratory.
- The Laboratory must map/sketch each harvest lot at the time and date of sampling to show the location of the grow area as well as the sampling pattern. The Laboratory may supplement the description with photographs. 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.

Laboratory Name: Pixis

Sampler Name (Printed): Gina Erdmann

Date: 3/18/20 Time Sampling Started: 7:00 Time Sampling Completed: 10:40

Number of Harvest Lots Sampled 5

Registered Grower Name: Oregon CBD

Registered Grower Business Name: \_\_\_\_\_  
(if applicable)

Representative (present at the time of sampling) \_\_\_\_\_

#### 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: \_\_\_\_\_

Gina Erdmann  
Sampler Signature  
Name: \_\_\_\_\_

Oregon Department of Agriculture Hemp Program Phone: (503) 986-4652 Email: [industrial-hemp@oda.state.or.us](mailto:industrial-hemp@oda.state.or.us) Web site: <https://oda.direct/hemp>  
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JS 3/23/20



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### Hemp Pre-Harvest THC Report

Laboratory Use Only

**INSTRUCTIONS FOR COMPLETING THIS FORM:**

- This form is only to be used for reporting  $\Delta 9$  Tetrahydrocannabinol ( $\Delta 9$  THC) in pre-harvest tests of hemp as required by ORS 571.300 to 571.315; and OAR 603-048.
- IT IS NECESSARY TO LEGIBLY COMPLETE EVERY SECTION OF THIS FORM. Incomplete or illegible forms shall be returned and shall not be accepted until deficiencies are corrected.
- Complete a copy of this report for each harvest lot as defined by OAR 603-048-0010 (13). The form must be submitted to the ODA at [hempstestreports@oda.state.or.us](mailto:hempstestreports@oda.state.or.us) and to the grower who submitted the request for testing.
- Completed copies of the **Sampling and Testing Request Form** and **On-Site Sampling Form** corresponding to the harvest lot **must be submitted to ODA** with this report.

Primary Laboratory Testing: Columbia Labs

Secondary Laboratory Testing: n/a  
(if applicable)

Indicate if this is: (Check One) First Test  Second Test  Third Test

Registered Grower Name: Jack Hempicine LLC

Registered Grower Business Name: Oregon CBD  
(if applicable)

Registration Number: AG- R1147856 IHG

Grower Phone: 541-760-5419 email: seth@jackhempicine.com

Oregon Department of Agriculture Hemp Program Phone: (503) 986-4652 Email: [industrial-hemp@oda.state.or.us](mailto:industrial-hemp@oda.state.or.us) Web site: <https://oda.direct/hemp>  
Rev. 5/15/2019, page 1 of 2.

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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: 2002690**

**Laboratory Control Sample**

Analyte	Result	Spike	Units	% Rec	Limits	Evaluation	Notes
CBDV-A	0.0418	0.04	%	105	85.0 - 115	Acceptable	
CBDV	0.0405	0.04	%	101	85.0 - 115	Acceptable	
CBD-A	0.0391	0.04	%	97.7	85.0 - 115	Acceptable	
CBG-A	0.0422	0.04	%	106	85.0 - 115	Acceptable	
CBG	0.0403	0.04	%	101	85.0 - 115	Acceptable	
CBD	0.0380	0.04	%	94.9	85.0 - 115	Acceptable	
THCV	0.0407	0.04	%	102	85.0 - 115	Acceptable	
THCVA	0.0421	0.04	%	105	85.0 - 115	Acceptable	
CBN	0.0373	0.04	%	93.4	85.0 - 115	Acceptable	
THC	0.0416	0.04	%	104	85.0 - 115	Acceptable	
D8THC	0.0382	0.04	%	95.5	85.0 - 115	Acceptable	
CBL	0.0419	0.04	%	105	85.0 - 115	Acceptable	
CBC	0.0415	0.04	%	104	85.0 - 115	Acceptable	
THCA	0.0375	0.04	%	93.6	85.0 - 115	Acceptable	
CBCA	0.0406	0.04	%	101	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: 2002690							
Sample Duplicate		Sample ID: 20-003016-0001							
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	<b>0.0404</b>	<b>0.0383</b>	0.03	%	5.46	< 20	Acceptable		
CBG-A	<b>1.77</b>	<b>1.77</b>	0.03	%	0.0379	< 20	Acceptable		
CBG	<b>0.119</b>	<b>0.117</b>	0.03	%	2.08	< 20	Acceptable		
CBD	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
THCV	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
THCVA	<b>0.0959</b>	<b>0.0965</b>	0.03	%	0.633	< 20	Acceptable		
CBN	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
THC	<b>1.36</b>	<b>1.35</b>	0.03	%	0.743	< 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	<b>18.3</b>	<b>18.7</b>	0.03	%	1.97	< 20	Acceptable		
CBCA	<b>0.266</b>	<b>0.268</b>	0.03	%	0.829	< 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.