



This is an amended version of report# 19-012691/D01.R00.
Reason: Corrected Product Identity.

Customer: Jack Hempicine LLC
Product identity: White CBG
Client/Metric ID: .
Laboratory ID: 19-012691-0001

Sample Date: 10/16/19 14:00

Summary

Potency:

Analyte	Result (%)		
CBG-A†	10.5		
CBG†	1.27		
CBC-A†	0.250		
CBC†	0.236		
Δ9-THC	0.0847		
THC-A	0.0496		
			THC-Total 0.128%
			CBD-Total < 0.056%
			(Reported in percent of total sample)



Customer: Jack Hempicine LLC
7744 NW Mint Ave
Albany Oregon 97321
United States

Product identity: White CBG
Client/Metric ID: .
Sample Date: 10/16/19 14:00
Laboratory ID: 19-012691-0001
Temp: 18.6 °C
Relinquished by: Gina Erdmann

Sample Results

Potency	Method J AOAC 2015 V98-6		Units %	Batch 1909523	Analyze 10/21/19 12:22 PM
Analyte	As Received	Dry weight	LOQ	Notes	
CBC†	0.236		0.0296		<ul style="list-style-type: none"> ● CBG-A ● CBG ● CBC-A ● CBC ● 9-THC ● THC-A
CBC-A†	0.250		0.0296		
CBC-Total†	0.455		0.0556		
CBD	< LOQ		0.0296		
CBD-A	< LOQ		0.0296		
CBD-Total	< LOQ		0.0556		
CBDV†	< LOQ		0.0296		
CBDV-A†	< LOQ		0.0296		
CBDV-Total†	< LOQ		0.0553		
CBG†	1.27		0.0296		
CBG-A†	10.5		0.296		
CBG-Total†	10.5		0.286		
CBL†	< LOQ		0.0296		
CBN	< LOQ		0.0296		
Δ8-THC†	< LOQ		0.0296		
Δ9-THC	0.0847		0.0296		
THC-A	0.0496		0.0296		
THC-Total	0.128		0.0556		
THCV†	< LOQ		0.0296		
THCV-A†	< LOQ		0.0296		
THCV-Total†	< LOQ		0.0553		



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



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 Δ^9 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 2019 calendar year, the following are appropriate harvest lot identifiers: Field 1-2019-001 and Field 1-2019-002
- 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 hempstestreports@oda.state.or.us.



Registered Grower Name: Jack Hempicine LLC

Registered Grower Business Name: _____
(if applicable)

Registration Number: AG- R1040856IHG

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

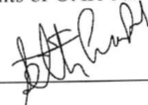
Total Number of Harvest Lots Requested to be Sampled and Tested: 1

GROWER REQUEST FOR SAMPLING AND TESTING

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

of 1 harvest lot(s) of hemp as described in the attached Harvest Lot Sampling Request
(number)

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 10/15/19

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.



HARVEST LOT SAMPLING REQUEST DESCRIPTION # 1

Harvest Lot Type (check at least one use): Flower X Fiber _____ Seed _____ Other (specify) _____

Grow Area Type (check one): Field X or Greenhouse _____

Total acres or Sq ft. to be sampled: 1.8 acres Declared Harvest Date: 10/17/19

Field ID/Name: Lavender North R&D Field

IMPORTANT: This Field ID/Name must be the same ID or Name, at the same location, as registered with the ODA.

Harvest Lot Identifier (as applicable - see below): White CBG

NOTE: In addition to "Field Name", a "Harvest Lot Identifier" shall be used when more than one "Harvest Lot" is located on the same "Field Name". Additional sample request must be made for each harvest lot. See page 1 of this form for "Harvest Lot Identifier" naming instructions.

Harvest Lot Location Address: 3395 S Pacific HWY W, Independence, OR 97351

Harvest Lot Coordinates: Latitude: -123.231799 Longitude: 44.885831
(From approx. center the harvest lot or door of greenhouse, and in decimal format. eg: 45.123456 -123.456789)

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

1.8 acre research plot for our White CBG variety trial. Field is located on the
northwest section of property, adjacent to 6 acres of greenhouses under
construction.

Visual Depiction: Provide a map oriented north, depicting the grow site of the harvest lot showing at least one prominent feature (road, building, etc.). (May be hand

See attached.



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 $\Delta 9$ 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: 10/16/19 Time Sampling Started: 1:00 Time Sampling Completed: 2:00

Number of Harvest Lots Sampled 1

Registered Grower Name: Jack Hempicine

Registered Grower Business Name: _____
(if applicable)

Representative (present at the time of sampling) Eric Crawford

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.

[Signature]
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 Web site: <https://oda.direct/hemp>
Rev. 5/15/2019, Page 1 of 2.

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 Pixis 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.



19-012691-0001

HARVEST LOT:

Field Name and/or Harvest Lot: Lavender North R7D Field White CBG

NOTE: In addition to "Field Name", "Harvest Lot" designations will be used when more than one "Harvest Lot" is located on the same "Field Name".

Harvest Lot Sampling Request Description # 1 and Harvest Lot On-Site Sampling Description # 1

NOTE: Note the form number that corresponds to the Harvest Lot test result reported.

Sample Date 10/16/19

Sampled by: Gina Erdmann

Received By: Lauren Rugroden Date: 10/16/19
(laboratory personnel)

Time: 16:00

ANALYTICAL REPORT FOR TETRAHYDROCANNABINOL

Method Reference	Analytical Results
<u>JAOAC 2015 V98-6</u>	<u>0.0847%</u>

Date and Time Tested: 10/21/19 12:22

Laboratory Technician Performing Test (Print name): Caitlin Riechmann

Laboratory Technician Signature: [Signature] Date Signed: 10-23-19

Reviewed by (Print name) Kyle George

Reviewed by (Signature): [Signature] Date Signed: 10-23-19

Understanding these Results:

If the "Analytical Results":

- **Are less than 0.35 percent Δ9 THC:** The Harvest Lot satisfies required pre-harvest testing.
- **Are equal to or greater than 0.35 percent Δ9 THC:** The Harvest Lot fails testing under these rules. You may request a retest by submitting a written request on a form provided by ODA (available on ODA's website). Requests for retesting must be made within seven (7) calendar days from the date this report was mailed. If the retest passes testing, a third and final test must be requested to confirm the passing test result. All retesting is at the cost of the grower. For a full explanation of procedures for failed harvest lots, see OAR 603-048-0630. ODA may detain and dispose of the harvest lot corresponding to the sample as described in OAR 603-048-0900. You will receive additional notice from ODA prior to such action.



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

Laboratory Quality Control Results

JAOAC2015 V986 Batch ID: 1909523

Laboratory Control Sample									
Analyte	Result	Spike	Units	% Rec	Limits			Evaluation	Notes
CBDV-A	0.0425	0.0400	%	106	85	-	115	Acceptable	
CBDV	0.0387	0.0400	%	96.8	85	-	115	Acceptable	
CBD-A	0.0370	0.0400	%	92.5	85	-	115	Acceptable	
CBG-A	0.0371	0.0400	%	92.8	85	-	115	Acceptable	
CBG	0.0378	0.0400	%	94.5	85	-	115	Acceptable	
CBD	0.0409	0.0400	%	102	85	-	115	Acceptable	
THCV	0.0392	0.0400	%	98.0	85	-	115	Acceptable	
THCVA	0.0388	0.0400	%	97.0	85	-	115	Acceptable	
CBN	0.0417	0.0400	%	104	85	-	115	Acceptable	
THC	0.0430	0.0400	%	108	85	-	115	Acceptable	
DBTHC	0.0348	0.0400	%	87.0	85	-	115	Acceptable	
CBL	0.0440	0.0400	%	110	85	-	115	Acceptable	
CBC	0.0383	0.0400	%	95.8	85	-	115	Acceptable	
THCA	0.0425	0.0400	%	106	85	-	115	Acceptable	
CBCA	0.0290	0.0341	%	85.0	85	-	115	Acceptable	

Method Blank

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



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

JAOAC2015 V98-6		Batch ID: 1909523						
Sample Duplicate		Sample ID: 19-012365-0001						
Analyte	Result	Org. Result	LOQ	Units	RPD	Limits	Evaluation	Notes
CBV-A	ND	ND	0.03	%	0	< 20	Acceptable	
CBV	ND	ND	0.03	%	0	< 20	Acceptable	
CBV-A	5.59	5.49	0.03	%	1.81	< 20	Acceptable	
CBV-A	0.101	0.0978	0.03	%	3.22	< 20	Acceptable	
CBV	ND	ND	0.03	%	0	< 20	Acceptable	
CBV	0.603	0.589	0.03	%	2.35	< 20	Acceptable	
THCV	ND	ND	0.03	%	0	< 20	Acceptable	
THCVA	ND	ND	0.03	%	0	< 20	Acceptable	
CBN	ND	ND	0.03	%	0	< 20	Acceptable	
THC	0.0491	0.0482	0.03	%	1.85	< 20	Acceptable	
D8THC	ND	ND	0.03	%	0	< 20	Acceptable	
CBL	ND	ND	0.03	%	0	< 20	Acceptable	
CBV	0.0448	0.0444	0.03	%	0.897	< 20	Acceptable	
THCA	0.191	0.191	0.03	%	0	< 20	Acceptable	
CBVA	0.299	0.294	0.03	%	1.69	< 20	Acceptable	

Abbreviations

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

Units of Measure

%- Percent



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.