



Potency Results

Sample Name: 7 Oaks Hemp Field-2024-002

Client: Hemp Nova

Client Batch ID: Sour Brulee

Pinnacle-Analytics.com

3549 Lear Way, Suite 101

Medford OR 97504

P:(541)300-8217

Sample ID: C-H-276-E4092

Matrix: Flower

Prep Analyst: Jeff A.

Analysis Method: 0668534+1 H4 5-24-2024 #1.lcm

Sampling Method: Hemp Sampling SOP Rev 2

Reference Method: JCB 2009: HPLC/DAD

Analysis Batch: 9-11-2024 H4 276, 389, 402, 513, 514, 518 Flower

Date Sampled: 9/9/2024

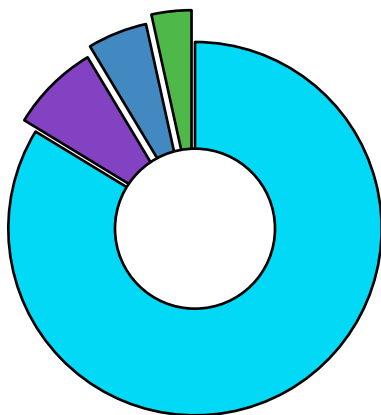
Date Reported: 9/13/2024

Client License: AG-R1068293IHG

5130 Seven Oaks Rd

Central Point OR 97502

Total THC (THCA*0.877+d9-THC) <LOQ%
Total CBD (CBDA*0.877+CBD) 2.3%
Moisture Content 7.7%



Cannabinoid	% Weight	mg/g
CBDVA	<LOQ	<LOQ
CBDV	<LOQ	<LOQ
CBDA*	2.45	24.5
CBGA	0.225	2.25
CBG	<LOQ	<LOQ
CBD*	0.151	1.51
THCV	<LOQ	<LOQ
CBN	<LOQ	<LOQ
d9-THC*	<LOQ	<LOQ
d8-THC*	<LOQ	<LOQ
CBC	<LOQ	<LOQ
THCA*	0.101	1.01
Total Cannabinoids	2.927	29.3

*ORELAP Accredited Analyte

Limit Of Quantitation: 0.1%, analyte not measured



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Report generated by Routine_Potency_Rev13_8-1-2023

Kris Ford, PhD
Lab Director



Quality Control Results

Analyst: Jeff A.

Pinnacle-Analytics.com
3549 Lear Way, Suite 101
Medford OR 97504
P:(541)300-8217

Analysis Batch: 9-11-2024 H4 276, 389, 402, 513, 514, 518 Flower

	Duplicate RPD		LCS % Recovery		Method Blank	
	H-0-E4089-b	Limit	C-FL-091124	Limits	C-FB-091124	Limit
CBDA	2.06%	10%	99.0%	90-110%	<LOQ/2	LOQ/2
CBD	0.135%	30%	97.5%	90-110%	<LOQ/2	LOQ/2
d9-THC	<LOQ%	30%	99.1%	90-110%	<LOQ/2	LOQ/2
d8-THC	<LOQ%	30%	96.0%	90-110%	<LOQ/2	LOQ/2
THCA	3.57%	30%	99.1%	90-110%	<LOQ/2	LOQ/2

RPD: Relative Percent Difference between unknown sample and its duplicate

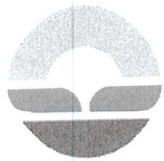
LCS: Laboratory Control Sample with known concentration

Case Comments: There were no divergences from ordinary Quality Control procedures or SOPs.



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Report generated by Routine_Potency_Rev13_8-1-2023


Kris Ford, PhD
Lab Director



**OREGON
DEPARTMENT OF
AGRICULTURE**

Hemp Program
635 Capitol St, NE, Salem, OR 97301-2532 503.986.4652
hemp@oda.oregon.gov | Oregon.gov/ODA

Hemp Sampling Request

To request sampling and testing, submit a complete copy of this form for each harvest lot or production area.

Submit it to an OLCC-licensed and ORELAP -accredited laboratory of your choice

according to the laboratory's procedures for requesting sampling.

To request ODA sampling and testing, submit the form to: hempstestreports@oda.oregon.gov

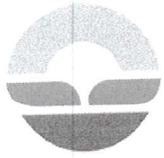
For a list of accredited laboratories, please visit: <https://oda.direct/CannaLabs>

Grower Information

GROWER NAME: Nathan Sly	BUSINESS NAME (IF APPLICABLE): hempnova	DATE: 09/04/2024
PHONE: 5412610363	EMAIL: ntsai@hempnova.com	LICENSE NUMBER: AG-R1068293IHG

Hemp Sampling Area – Must be a licensed growing area. Do not combine production areas. Sampling area may contain only cannabis of the same variety or strain to be harvested in a distinct time frame.

GROW SITE NAME: 7 Oaks Hemp Field	PRODUCTION AREA NAME: 7 Oaks Hemp Field		HARVEST LOT NAME: 7 Oaks Hemp Field-2024-00 ² (Production area name) (Lot #)
PHYSICAL ADDRESS: 5130 seven oaks Rd.	CITY: central point	ZIP CODE: 97502	TOTAL SIZE OF PRODUCTION AREA: 9.8 ACRES OR SQUARE FEET
GPS COORDINATES: LATITUDE: 42.390167 LONGITUDE: 122.940457 (MUST BE IN DECIMAL FORMAT, EG: 45.123456, -123.45623)			SIZE OF AREA TO BE SAMPLED: 0.36 ACRES OR SQUARE FEET
AREA TYPE: (e.g. field, greenhouse, indoor) field	INTENDED USE: (e.g. flower, biomass) flower	STRAIN TYPE: sour brulee	DECLARED HARVEST DATE: (must be within 30 days from date of sampling) 09/21/2024



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:

drive through the gate, first five rows to the right

Visual Depiction: Oriented north, map or sketch 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, Nathan Sly, request pre-harvest sampling and testing 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: tom tsai Date: 09/04/2024

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



Hemp On-Site Sampling Form

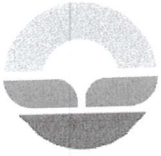
For laboratory use only. Complete one copy of this form for each harvest lot or production area.

Laboratory Information

LABORATORY NAME: Pinnacle Analytics	SAMPLER NAME (PRINTED): Jeff Armstrong	DATE: 9-9-2024
GROWER NAME: Nathan Sly	GROWER BUSINESS NAME (IF APPLICABLE): hemnova	NUMBER OF HARVEST LOTS SAMPLED: 1
TIME SAMPLING STARTED: 9:20 am	REPRESENTATIVE (PRESENT AT THE TIME OF SAMPLING): Nathan Sly	

Hemp Sampling Area – Must be a licensed growing area. Do not combine production areas. Sampling area may contain only cannabis of the same variety or strain to be harvested in a distinct time frame.

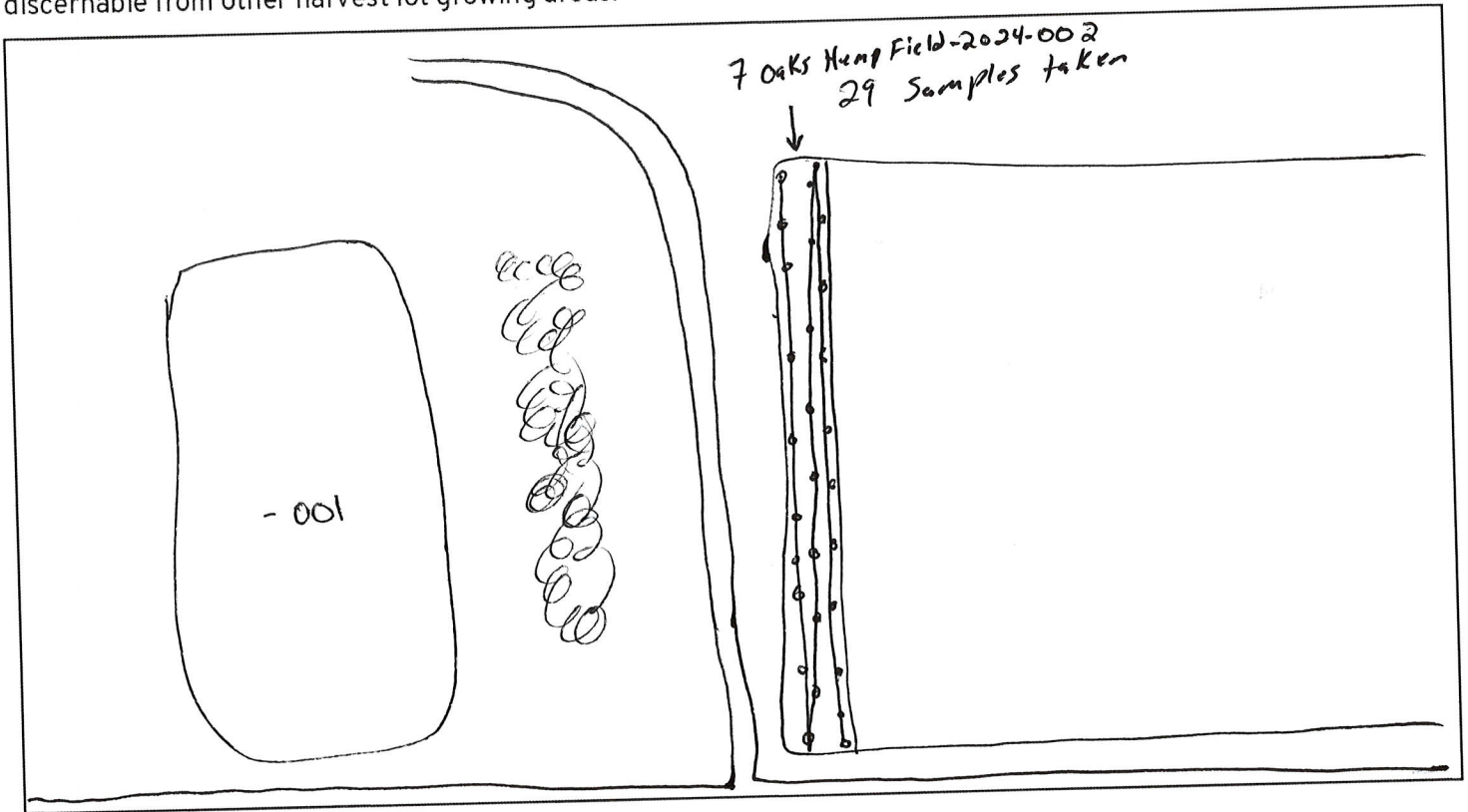
GROW SITE NAME: 7 Oaks Hemp Field	PRODUCTION AREA NAME: 7 Oaks Hemp Field		HARVEST LOT NAME: 7 Oaks Hemp Field -2024-00² (Production area name) (Lot #)
PHYSICAL ADDRESS: 5130 seven oaks Rd.	CITY: central point	ZIP CODE: 97502	TOTAL SIZE OF PRODUCTION AREA: 9.8 ACRES OR SQUARE FEET
GPS COORDINATES: LATITUDE: 42.390167 LONGITUDE: 122.940457 (MUST BE IN DECIMAL FORMAT, EG: 45.123456, -123.45623)			SIZE OF AREA TO BE SAMPLED: .36 ACRES OR SQUARE FEET
AREA TYPE: (e.g. field, greenhouse, indoor) field	INTENDED USE: (e.g. flower, biomass) flower	STRAIN TYPE: sour brulee	DECLARED HARVEST DATE: (must be within 30 days from date of sampling) 09/21/2024



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:

Enter the driveway from Scenic Ave. Immediately to the right is a small sliver that is 7 Oaks Hemp Field-2024-002.

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 licensed grower agrees to the sampling as described in the attached descriptions.

Grower/representative signature:

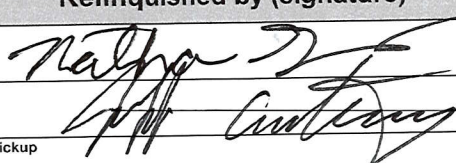
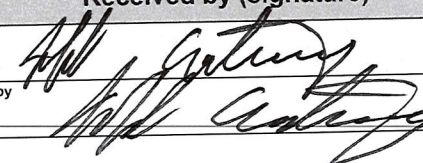
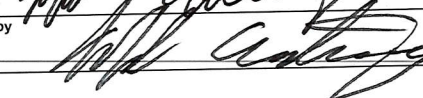
Name: Nathan Sly

Sampler signature:

Name: Jeff Armstrong

Chain of Custody

Client Information <small>*required to be filled out by client</small>				Sample Matrix Legend		Tests Requested* <small>(Check applicable)</small>														Lab Information	
Business Name: <u>Hemp Nova</u> Client ID # <u>276</u> <small>(Lab use only)</small>				H = Hemp Flower C = Cannabis Flower HS = Hemp Solids CS = Cannabis Solids		**Moisture content is included in flower potency analysis. ^Analysis is subcontracted. The turnaround time may be longer than 5 business days.														Pg <u>1</u> of <u>1</u>	
Client Contact*: <u>Nathan Sly</u>																				3549 Lear Way, Suite 101 Medford, OR 97504	
Email*: <u>ntsai@hempnova.com</u> <small>Results will always be sent here</small>																				ORELAP ID: 4152 <small>info@pinnacle-analytics.com</small>	
Phone*: <u>541-261-0363</u>																				OLCC License #: 010-101599328A3 (541)300-8217	
Address: <u>5130 Seven Oaks Rd</u> <u>Central point 97502</u>				Test Type* <small>(check one)</small>		<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ODA Ag ID <input type="checkbox"/> OLCC/METRC </div> <div> Sample Matrix* <small>(see legend above)</small> </div> </div>														Our standard testing includes a 5 business day turnaround guarantee. Expedited testing is available for most services, call (541)300-8217 for more details.	
License #: <u>AG-R1068293IHG</u>				Compliance																METRC ID Source ID / Package ID (Ex: 0430/0561)	
Sample Name*	Lab ID <small>(Lab use only)</small>	Sample Size <small>(Specify Unit)</small>	Collection		R&D	Compliance	Sample Matrix*	Potency	Moisture Content	Water Activity	Pesticides^	Mycotoxins^	Heavy Metals^	Microbiology^	Terpenes^	Solvents^	Viral Assay (HLVCCVLDV)				
			Date	Time																	
7 oaks Hemp field-2024-001	C-H-276-E4091	>1lb	9/9/24	9:00		X	H	X	X										/	SE435-9-9-24-276 flower "Sour Blue"	
7 oaks Hemp field-2024-002	C-H-276-E4092	>1lb	9/9/24	9:20		X	H	X	X										/	SE436 9-9-2024 P276 flower "Sour Blue"	
7 oaks Hemp field-2024-003	C-H-276-E4093	>1lb	9/9/24	9:40		X	H	X	X										/	SE437 9-9-2024 P276 flower "Sour Chem"	
7 oaks Hemp field-2024-004	C-H-276-E4094	>1lb	9/9/24	10:00		X	H	X	X										/	SE438 9-9-2024 P276 flower "Lake Berry"	
																			/		
																			/		
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Relinquished by (signature)*		Date*	Time*	Received by (signature)		Date	Time
		9-9-24	10:30 AM / PM			9-9-24	10:30 AM / PM
		9-9-24	11:30 AM / PM			Received in lab by 	
For client pickup			AM / PM				AM / PM



Hemp Pre-Harvest THC Report

INSTRUCTIONS FOR COMPLETING THIS FORM:

This form is only to be used for reporting total Tetrahydrocannabinol (total THC) in pre-harvest tests of hemp as required by ORS 571.300 to 571.315; and OAR 603-048. 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: Pinnacle Analytics

Secondary Laboratory Testing (if applicable): _____

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

Registered Grower Name or Business Name:

Hemp Nova

Registration Number: AG-R1068293 -IHG

Grower phone: 541-261-0363

Grower email: ntsai@hempnova.com

Grow Site Addr: 5130 Seven Oaks Rd

Grow Site City: Central Point

Field Name or Harvest Lot Name: 7 Oaks Hemp Field-2024-002

Sampled By:

Jeff Armstrong

Date: 9/9/2024

Received By (laboratory personnel):

Jeff Armstrong

Date: 9/9/2024

Method Reference: JCB 2009:HPLC/DAD

Strain Type: Sour Brulee

Analytical Results: <LOQ % Total THC ☒ Passed ☐ Failed ☐ Resample

A sample passes testing when the application of the measurement of uncertainty to the amount of total THC of the sample produces a distribution or range that includes 0.3 percent or less on a dry weight basis

**Measurement of
Uncertainty:**

10%

Date Tested: 9/11/2024

By checking the box below, I certify to the best of my knowledge that all information presented in the hemp pre-harvest test results are factual and true, and that I am legally authorized to submit the hemp pre-harvest test results on behalf of this registered hemp grower.

☒ I certify this to be true

Laboratory Technician Performing Test (Print name/electronic signature):

Jeff Armstrong

Date: 9/13/2024

Reviewed By (Print name/electronic signature):

Megan Anderson

Date: 9/13/2024