



Potency Results

Sample Name: 7 Oaks Hemp Field-2024-005

Client: Hemp Nova

Client Batch ID: Critical Berry

Pinnacle-Analytics.com

3549 Lear Way, Suite 101

Medford OR 97504

P:(541)300-8217

Sample ID: C-H-276-E4112

Matrix: Flower

Prep Analyst: Megan A.

Analysis Method: 0668534+1 H3 5-22-2024 #1.lcm

Sampling Method: Hemp Sampling SOP Rev 2

Reference Method: JCB 2009: HPLC/DAD

Analysis Batch: 9-26-2024 H3 276, 396, 510 Flower

Date Sampled: 9/20/2024

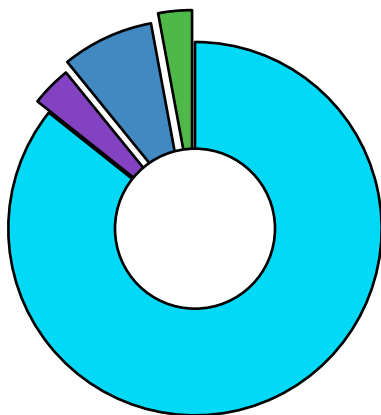
Date Reported: 9/30/2024

Client License: AG-R1068293IHG

5130 Seven Oaks Rd

Central Point OR 97502

Total THC (THCA*0.877+d9-THC) **0.102%**
Total CBD (CBDA*0.877+CBD) **3.3%**
Moisture Content **7.86%**



| Cannabinoid | % Weight | mg/g |
|---------------------------|-------------|-------------|
| CBDVA | <LOQ | <LOQ |
| CBDV | <LOQ | <LOQ |
| CBDA* | 3.41 | 34.1 |
| CBGA | 0.138 | 1.38 |
| CBG | <LOQ | <LOQ |
| CBD* | 0.316 | 3.16 |
| THCV | <LOQ | <LOQ |
| CBN | <LOQ | <LOQ |
| d9-THC* | <LOQ | <LOQ |
| d8-THC* | <LOQ | <LOQ |
| CBC | <LOQ | <LOQ |
| THCA* | 0.116 | 1.16 |
| Total Cannabinoids | 3.98 | 39.8 |

*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: Megan A.

Analysis Batch: 9-26-2024 H3 276, 396, 510 Flower

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

| | Duplicate RPD | | LCS % Recovery | | Method Blank | |
|---------------|---------------|-------|----------------|---------|---------------|-------|
| | H-0-E4173-b | Limit | C-FL-092624-2 | Limits | C-FB-092624-2 | Limit |
| CBDA | 2.28% | 10% | 98.8% | 90-110% | <LOQ/2 | LOQ/2 |
| CBD | 0.847% | 30% | 98.4% | 90-110% | <LOQ/2 | LOQ/2 |
| d9-THC | <LOQ% | 30% | 100.0% | 90-110% | <LOQ/2 | LOQ/2 |
| d8-THC | <LOQ% | 30% | 96.4% | 90-110% | <LOQ/2 | LOQ/2 |
| THCA | <LOQ% | 30% | 98.7% | 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: hemptestreports@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: 09/17/2024 |
| PHONE: 5412610363 | EMAIL: ntsai@hempnova.com | LICENSE NUMBER: AG-R1068293 AG-R102907-THC AG-R1068293-THC |

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 5 (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: 42.390148 LONGITUDE: -122.938795 (MUST BE IN DECIMAL FORMAT, EG: 45.123456, -123.45623) | SIZE OF AREA TO BE SAMPLED: 1.95 ACRES OR SQUARE FEET | | |
| AREA TYPE: (e.g. field, greenhouse, indoor) field | INTENDED USE: (e.g. flower, biomass) flower | STRAIN TYPE: critical berry | DECLARED HARVEST DATE: (must be within 30 days from date of sampling) 10/10/2024 |



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:

pull through the gate and right hand side sixth rows in filed is mark Critical berry

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: 09/17/2024

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): Jacob Pool | DATE: 9-20-2024 |
| GROWER NAME: Nathan Sly | GROWER BUSINESS NAME (IF APPLICABLE): hempnova | NUMBER OF HARVEST LOTS SAMPLED: 1 |
| TIME SAMPLING STARTED: 12:00 | 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.

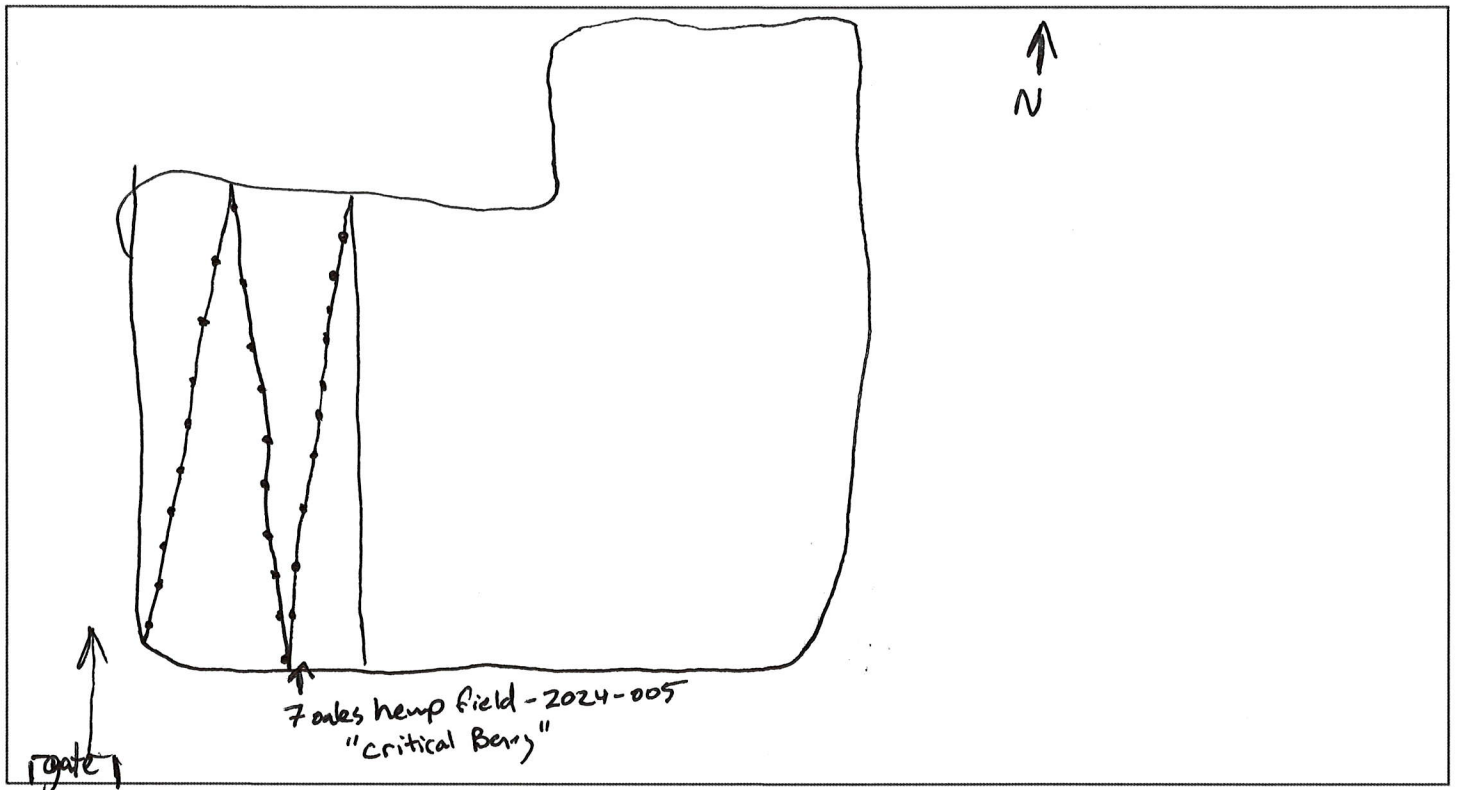
| | | |
|--|--|--|
| GROW SITE NAME: 7 Oaks Hemp Field | PRODUCTION AREA NAME: 7 Oaks Hemp Field | HARVEST LOT NAME: 7 oaks hempfield -2024-00 5 (Production area name) (Lot #) |
| PHYSICAL ADDRESS: 5130 seven oaks rd | CITY: central point | ZIP CODE: 97502 |
| TOTAL SIZE OF PRODUCTION AREA: 9.8 ACRES OR SQUARE FEET | | |
| GPS COORDINATES: LATITUDE: 42.390148 LONGITUDE: -122.938795 (MUST BE IN DECIMAL FORMAT, EG: 45.123456, -123.45623) | | SIZE OF AREA TO BE SAMPLED: 1.95 ACRES OR SQUARE FEET |
| AREA TYPE: (e.g. field, greenhouse, indoor) field | INTENDED USE: (e.g. flower, biomass) flower | STRAIN TYPE: critical berry |
| DECLARED HARVEST DATE: (must be within 30 days from date of sampling) 10/10/2024 | | |



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:

Entered through gate, parked next to field and took samples.

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:

Nathan. Gly

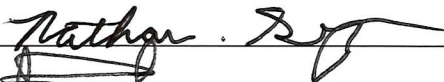


Name: Nathan. Gly

Sampler signature:

Name: Jacob Paul

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 | | **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> | | | | | C = Cannabis Flower | | | | | | | | | | | | | | 3549 Lear Way, Suite 101 | |
| Email*: <u>ntsai@hempnova.com</u> | | | | | HS = Hemp Solids | | | | | | | | | | | | | | Medford, OR 97504 | |
| Phone*: <u>541-261-0363</u> | | | | | CS = Cannabis Solids | | | | | | | | | | | | | | ORELAP ID: 4152 info@pinnacle-analytics.com | |
| Address: <u>5130 seven oaks Rd.</u> | | | | | | | Our standard testing includes a 5 business day turnaround guarantee. Expedited testing is available for most services, call (541)300-8217 for more details. | | | | | | | | | | | | OLCC License #: 010-101599328A3 (541)300-8217 | |
| <u>Central Point 97502</u> | | | | | | | | | | | | | | | | | | | | |
| License #: <u>AG-R1092907-1HG</u> | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Sample Name* | | Lab ID <small>(Lab use only)</small> | Sample Size <small>(Specify Unit)</small> | Collection | | Test Type* <small>(check one)</small> | Compliance | Sample Matrix* <small>(see legend above)</small> | Potency | Moisture Content | Water Activity | Pesticides^ | Mycotoxins^ | Heavy Metals^ | Microbiology^ | Terpenes^ | Solvents^ | Viral Assay (HLV,COV,LCV) | METRC ID Source ID / Package ID (Ex: 0430/0561) | Sample Specific Notes |
| | | | | Date | Time | | | | | | | | | | | | | | | |
| 7 oaks Hempfield-2024-005 | | C-H-276-E4112 | 71lb | 9/20/24 | 12:00 | | | | | | | | | | | | | | / | SE513 7 oaks Hempfield-2024-005 "Critical berry" p276 flower |
| 7 oaks Hempfield-2024-006 | | C-H-276-E4113 | 71lb | 9/20/24 | 12:15 | | | | | | | | | | | | | | / | SE513 7 oaks Hempfield-2024-006 "Bubble Kush" p276 flower |
| | | | | | | | | | | | | | | | | | | | / | |
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| Relinquished by (signature)* | | Date* | Time* | Received by (signature) | | Date | Time |
|---|--|---------|---------------|---|--|---------|---------------|
|  <small>For client pickup</small> | | 9/20/24 | 12:30 AM / PM |  Received in lab by  | | 9/20/24 | 12:30 AM / PM |
| | | 9/20/24 | 12:30 AM / PM | | | 9/20/24 | 1:00 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-R1092907 -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-2024-005

Sampled By:

Jacob Pool
Jacob Pool

Date: 9/20/2024

Received By (laboratory personnel):

Jeff Armstrong

Date: 9/20/2024

Method Reference: JCB 2009:HPLC/DAD

Strain Type: Critical Berry

Analytical Results: .102 **% 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: 9/26/2024

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:

Megan Anderson

Date: 9/30/2024

Reviewed By (Print name/electronic signature):

Megan Anderson

Date: 9/30/2024