



## Potency Results

**Sample Name:** 7 Oaks Hemp Field-2024-004

**Client:** Hemp Nova

**Client Batch ID:** Cake Berry

Pinnacle-Analytics.com

3549 Lear Way, Suite 101

Medford OR 97504

P:(541)300-8217

**Sample ID:** C-H-276-E4094

**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

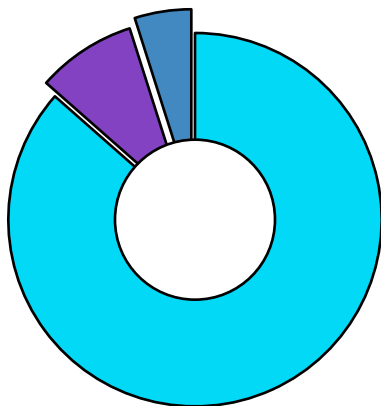
Date Reported: 9/13/2024

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) 1.96%  
**Moisture Content** 7.08%



Cannabinoid	% Weight	mg/g
CBDVA	<LOQ	<LOQ
CBDV	<LOQ	<LOQ
CBDA*	2.1	21.0
CBGA	0.209	2.09
CBG	<LOQ	<LOQ
CBD*	0.119	1.19
THCV	<LOQ	<LOQ
CBN	<LOQ	<LOQ
d9-THC*	<LOQ	<LOQ
d8-THC*	<LOQ	<LOQ
CBC	<LOQ	<LOQ
THCA*	<LOQ	<LOQ
<b>Total Cannabinoids</b>	<b>2.428</b>	<b>24.3</b>


\*ORELAP Accredited Analyte

Limit Of Quantitation: 0.1%, analyte not measured

-  CBDA\*
-  CBGA
-  CBD\*



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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
<b>CBDA</b>	2.06%	10%	99.0%	90-110%	<LOQ/2	LOQ/2
<b>CBD</b>	0.135%	30%	97.5%	90-110%	<LOQ/2	LOQ/2
<b>d9-THC</b>	<LOQ%	30%	99.1%	90-110%	<LOQ/2	LOQ/2
<b>d8-THC</b>	<LOQ%	30%	96.0%	90-110%	<LOQ/2	LOQ/2
<b>THCA</b>	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: [hemptestreports@oda.oregon.gov](mailto:hemptestreports@oda.oregon.gov)

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

### Grower Information

<b>GROWER NAME:</b> Nathan Sly	<b>BUSINESS NAME (IF APPLICABLE):</b> hempnova	<b>DATE:</b> 09/09/2024
<b>PHONE:</b> 5412610363	<b>EMAIL:</b> ntsai@hempnova.com	<b>LICENSE NUMBER:</b> 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.

<b>GROW SITE NAME:</b> 7 Oaks Hemp Field	<b>PRODUCTION AREA NAME:</b> 7 Oaks Hemp Field		<b>HARVEST LOT NAME:</b> 7 Oaks Hemp Field 2024-00 4 (Production area name) (Lot #)
<b>PHYSICAL ADDRESS:</b> 5130 seven oaks Rd.	<b>CITY:</b> central point	<b>ZIP CODE:</b> 97502	<b>TOTAL SIZE OF PRODUCTION AREA:</b>  9.8 ACRES OR SQUARE FEET
<b>GPS COORDINATES:</b>  <b>LATITUDE:</b> 42.390535 <b>LONGITUDE:</b> -122.937405 (MUST BE IN DECIMAL FORMAT, EG: 45.123456, -123.45623)			<b>SIZE OF AREA TO BE SAMPLED:</b>  2.31 ACRES OR SQUARE FEET
<b>AREA TYPE:</b> (e.g. field, greenhouse, indoor) field	<b>INTENDED USE:</b> (e.g. flower, biomass) flower	<b>STRAIN TYPE:</b> cakeberry	<b>DECLARED HARVEST DATE:</b> (must be within 30 days from date of sampling) 09/21/2024



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

**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, turn right, 2.3 acres toward the east side of the south field, the area is marked and spray paint

**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: 09/09/2024

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): hempnova	NUMBER OF HARVEST LOTS SAMPLED: 1
TIME SAMPLING STARTED: 10:00 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.

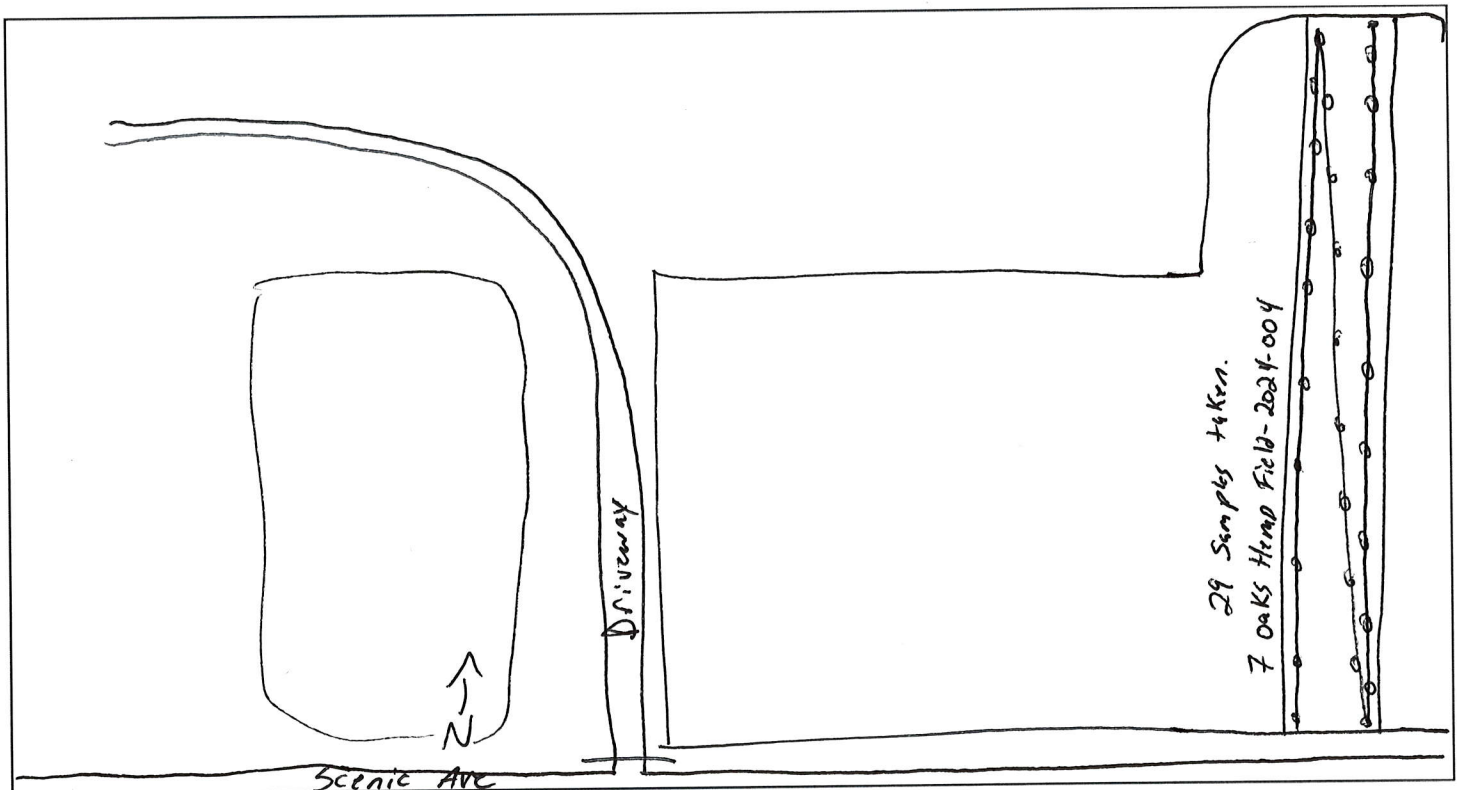
GROW SITE NAME: 7 Oaks Hemp Field	PRODUCTION AREA NAME: 7 Oaks Hemp Field		HARVEST LOT NAME: 7 Oaks Hemp Field 2024-00 <sup>4</sup> (Production area name) (Lot #)
PHYSICAL ADDRESS: 5130 seven oaks Rd.	CITY: central point	ZIP CODE: 97502	TOTAL SIZE OF PRODUCTION AREA: 9.8 ACRES OR SQUARE FEET
GPS COORDINATES: LATITUDE: 42.390535 LONGITUDE: -122.937405 (MUST BE IN DECIMAL FORMAT, EG: 45.123456, -123.45623)			SIZE OF AREA TO BE SAMPLED: 2.31 ACRES OR SQUARE FEET
AREA TYPE: (e.g. field, greenhouse, indoor)  field	INTENDED USE: (e.g. flower, biomass)  flower	STRAIN TYPE:  cakeberry	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 and immediately turn right, 7 Oaks Hemp Field-2024-004 is toward the eastern end of the field, marked by strain name on the water lines.

**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:

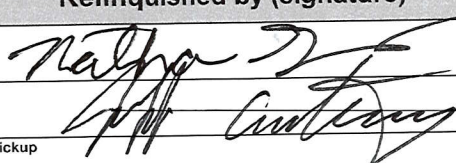
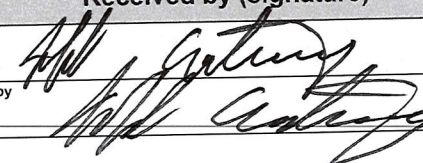
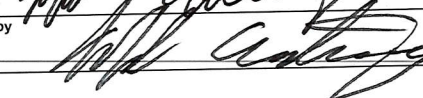
Name:

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> <span style="float:right">Client ID # <u>276</u> <small>(Lab use only)</small></span>				H = Hemp Flower		<b>**Moisture content is included in flower potency analysis.</b>  <b>^Analysis is subcontracted. The turnaround time may be longer than 5 business days.</b>												Pg <u>1</u> of <u>1</u> <span style="float:right">3549 Lear Way, Suite 101 Medford, OR 97504</span>																			
Client Contact*: <u>Nathan Sly</u> <span style="float:right"><small>Results will always be sent here</small></span>				C = Cannabis Flower														ORELAP ID: 4152 <span style="float:right"><a href="mailto:info@pinnacle-analytics.com">info@pinnacle-analytics.com</a></span>																			
Email*: <u>ntsai@hempnova.com</u>				HS = Hemp Solids														OLCC License #: 010-101599328A3 <span style="float:right">(541)300-8217</span>																			
Phone*: <u>541-261-0363</u>				CS = Cannabis Solids														Our standard testing includes a 5 business day turnaround guarantee. Expedited testing is available for most services, call (541)300-8217 for more details.																			
Address: <u>5130 Seven Oaks Rd</u> <u>Central point 97502</u>				Test Type* <small>(check one)</small>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Potency</td><td>Moisture Content</td><td>Water Activity</td><td>Pesticides^</td><td>Mycotoxins^</td><td>Heavy Metals^</td><td>Microbiology^</td><td>Terpenes^</td><td>Solvents^</td><td>Viral Assay (HLVCCVLDV)</td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>												Potency	Moisture Content	Water Activity	Pesticides^	Mycotoxins^	Heavy Metals^	Microbiology^	Terpenes^	Solvents^	Viral Assay (HLVCCVLDV)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potency	Moisture Content	Water Activity	Pesticides^	Mycotoxins^	Heavy Metals^													Microbiology^	Terpenes^	Solvents^	Viral Assay (HLVCCVLDV)																
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
License #: <u>AG-R1068293IHG</u> <span style="float:right"> <input checked="" type="checkbox"/> ODA Ag ID  <input type="checkbox"/> OLCC/METRC                 </span>				Sample Matrix* <small>(see legend above)</small>																																	
Sample Name*	Lab ID <small>(Lab use only)</small>	Sample Size <small>(Specify Unit)</small>	Collection		R&D	Compliance	Sample Matrix* <small>(see legend above)</small>	Potency	Moisture Content	Water Activity	Pesticides^	Mycotoxins^	Heavy Metals^	Microbiology^	Terpenes^	Solvents^	Viral Assay (HLVCCVLDV)	METRC ID Source ID / Package ID (Ex: 0430/0561)	Sample Specific Notes																		
			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 #276 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 #276 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 #276 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							



## 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-2024-004

**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:** Cake Berry

**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