| | | | | | | | _ | | |
|---|---------------------------------|--|---|---|---|--|---|---|--|
| | | | sportation | n Manifest (Transpo | rter) | | | Page 1 of 1 | |
| Date | ate: 1/18/2023 | | | License # | 415707 | | Barcode | | |
| Licensee Name: | | Nw Croppers, Llc 4656 Rd P Ste 3, Quincy, WA 98848 | | License UBI: | 604223755 | | | | |
| | | | | Vehicle Year/ Color/ Make/ Model/ License Plate: | | | | | |
| | | | | Transporter Name: | Terpene Transit | Terpene Transit GF41570700001115 | | 111111111111111111111111111111111111111 | |
| Licensee Phone: (206) 276-5845 | | | i845 | Transporter Date of Birth: | N/A | | | | |
| Trans | Transporter: 426061 | | | Transporter Signature: | who | | | | |
| | | | | | | | | | |
| Stop | # 1 of 1 | | | | | | | | |
| Destination Licensee Name: Green Grov | | | | ver Labs | Approx. Departure Date/Time: | | 1/20/2023 10:00 AM | | |
| Destination License # 32420889 | | | 324208891 | 8 | Approx. Arrival Date/Time | | 1/23 | 1/23/2023 5:00 PM | |
| Destination Licensee Address: 124 E. Row Spokane, W | | | | | Samples Rec'd & Verified | | | | |
| Destination Licensee Phone: 509-981-22 | | | 509-981-22 | 66 | Date 1/2003 | | itiala (8 | | |
| Destination Email: greengrowe | | | | erlabs@gmail.com | | | 3 | | |
| *These o | directions are for planning pur | poses only. You may | find that the suggeste | ed route takes you outside the State of Wa | | st plan your route so tha | t you remain within the State of Washi | ngton at all times. | |
| | | | | | Route: | | | | |
| Tum r | right onto Rd P NW 3) 3.0 | mi - 4 mins - Turn E 7) 0.7 mi - 1 min | - Take exit 282 for | Spokane, WA 99207 Distance: 138 i 4) 1.1 mi - 1 min - Turn right onto Ada Hamilton St/WA-290 toward Trent Adu ue onto N Nevada St 11) 0.6 mi - 2 m | ams Rd N 5) 0.1 mi - 1 min - Turn ve 8) 0.3 mi - 1 min - Continue on | left at the 2nd cross to WA-290 E 9) 1.5 n | street onto S Frontage Rd NW 6) ni - 4 mins - Continue straight onto | 126 mi - 1 hour 50 | |
| Instru | ctions: If the quantity | received is less | than the quant | tity shipped, check the box in t | he appropriate field below a | nd indicate the a | ctual quantity received. | | |
| Stop 1, Items: 1-1 of 1 | | | | Manifest ID: GF41570700001115 | | LCB Manifest ID: 603400231 - GF41570700001115-1130501-1 | | | |
| # | Lot ID | | Type | Strain | | Description | Shipped | Received | |
| 1 | GF415707054992 | 237 Flow | er | Confections | Bulk Flower | | 18 Grams | [] | |
| 2 | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | V. (1) | | | | | | |
| 8 | | | | | | | | | |
| 9 | 278 | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | 1 | | | | | | | | |

Samples Rec'd & Verified Date hitlals

Initials

MI

Initials

·Confections Sample Name Sample Type Initials **GENERAL ANALYSIS** LC/MsMs Results Sample Mass (Whole): \(\begin{aligned} \begin{aligned} \text{S} \\ \text{S} \end{aligned} Mycotoxins Total AF: O Sample Mass (Trimmed): | Total Och: O Stems(%): Pesticides (all non zero results) IEH (ea): Seeds or Other(%): Water Activity: 0,5 OUT MI **POTENCY ANALYSIS** THC: 0.22 THCA: 24 Max THC: 21 Residuals CBD: 40.1 CBDA: 40.1 Max CBD: (*) Hexanes: Propane: Total Cannabinoids: 2 **Butanes:** Ethyl Acetate: OUT Chloroform: Cyclohexane: MI Methanol: Benzene: MICRO SCREEN Heptane: Pentanes: Ethanol: Toluene: BTGN: O Xylenes: Acetone: E. coli: 🔿 Isopropanol: Salmonella Sp: O



| 0/ | 1 | | mq |
|------|-----|------|---------------------------|
| Json | CoA | CCRS | Reviewed (LD or Designee) |

Methylene Chloride: