

QA Contingency Manifest

The contingency manifest is to be used if CCRS is unable to produce the required manifest for movement of cannabis products within the I-502 market. When you complete the contingency manifest, the manifest must be sent to manifest@lcb.wa.gov. Once CCRS is working again, the license will need to submit the exact same information on a regular CCRS manifest. Any contingency manifest that is completed, requires the license to still complete a regular CCRS manifest, the contingency manifest is primarily to assist with the transportation of cannabis and should not be used in place of the primary CCRS manifest.

This contingency manifest can be used to transport Cannabis products to their destination. Completion and use of the contingency manifest meets the expectations as laid out in <u>WAC 314-55-085</u>. This does not meet a license's reporting responsibilities as outlined in <u>WAC 314-55-083</u>. To maintain those requirements, it is expected that the license will submit a Manifest.CSV to CCRS with the same information provided on the contingency manifest as soon as reasonably allowed by CCRS.

If a contingency manifest is used, the expectation is a primary CCRS will be completed as soon as possible, with the same Manifest ID. The LCB will perform checks to ensure any contingency manifest has a primary manifest uploaded to CCRS.

Address: SPOKANE VALLEY, WA 992064138 Transportation License Information (complete only if using a Transporter) License Name: Licensee E-mail: Licensee Phone:		Transport	tation Type: Standard Delivery	
Origin License Name: Phat N Sticky Licensee Phone: 5098791221 Licensee E-mail Address: TransportManifest@phatnstic y.com Transportation License Information (complete only if using a Transporter) Licensee Name: Licensee E-mail: Licensee Phone:		Origin Licen	se Information	
Licensee Address: 2611 N WOODRUFF RD STE A SPOKANE VALLEY, WA 992064138 Transportation License Information (complete only if using a Transporter) Licensee Name: Licensee E-mail: Licensee Phone:	Date:	1/26/23	License #:	412217
Address: SPOKANE VALLEY, WA 992064138 Transportation License Information (complete only if using a Transporter) License Name: Licensee E-mail: Licensee Phone:	Origin License Name:	Phat N Sticky	Licensee Phone:	5098791221
Transportation License Information (complete only if using a Transporter) License Name: Licensee #: Licensee E-mail: Licensee Phone:		SPOKANE VALLEY, WA		TransportManifest@phatnstick y.com
Licensee Name: Licensee E-mail: Licensee Phone:				
Licensee E-mail: Licensee Phone:	Transport	ation License Information		a Transporter)
* * * * * * * * * * * * * * * * * * * 	License Name:		Licensee #:	
	Licensee E-mail:		Sample: Date // 27	Rec'd & Verified Junitials
Estimated Departure / Arrival		Estimated De		
Departure Date/Time: mm/dd/yyyy hh:mm AM/PM Arrival Date/Time: mm/dd/yyyy hh:mm AM/PM O1/27/2023 08:00 am mm/dd/yyyy hh:mm AM/PM	mm/dd/yyyy hh:mm	01/27/2023 08:00 am	mm/dd/yyyy hh:mm	01/28/2023 08:00 am
Driver & Vehicle Information				
Driver Name: Jessie Finch VIN #: JTDEPRAE1LJ093092	Driver Name:			
Vehicle License Plate: BSR7991 Vehicle Color White	Vehicle License Plate:	BSR7991		
Vehicle Make: Toyota Vehicle Model Corolla	Vehicle Make:		Vehicle Model	Corolla



Contingency Manifest

	Destination	License Information	
Destination License Name:	Green Grower Labs #3242088918	Licensee Phone:	
Licensee Address:	124 E. Rowan Ave. Ste B Spokane, WA 99207	Licensee E-mail Address:	greengrowerlabs@gmail.com

Travel Reminders

Per RCW 69.50.342 you must plan your route so that you remain within the State of Washington at all times. Per WAC 314-55-085(f) vehicle transporting cannabis or cannabis products must travel directly from the shipping licensee to the receiving licensee and must not make any unnecessary stops in between except to other facilities receiving product.

Transported Items

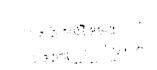
For Description, if InventoryExternalIdentifier, enter the following information related to the inventory:

- ProductType
- InventoryType
- Description
- IsMedical
- WeightPerUnit
- ServingsPerUnit
- Externalldentifier (optional)

For Description, if PlantExternalIdentifier, then enter the following information related to the inventory:

- Strain
- Externalldentifier (optional)

Inventory ID / Plant ID	Description	Quantity	UoM
11623101141135014	Clear Oil - THC	2.00	Gram



Phat N Sticky		5014		
Source		Sample ID		
			ONL	_Y:
Clear Oil-THC		P <mark>FGS</mark> B	SOLV T P	OT MICRO PEST T LE SE
Sample Name	3	Sample Type		
GENERAL ANALYSIS	Initials		LC/MsMs Resul	ts Initials
Sample Mass (Whole):			Mycotoxins Total AF:	
Sample Mass (Trimmed):			Total AF: O	
Stems(%):			Pesticides (all no	on zero results)
IEH (ea):			non	
Seeds or Other(%):				
Water Activity:	IN C	DUT		
POTENCY ANALYSIS	_	mf		
тнс: 84				
THCA: <0.10				
Max THC: 8			nt.	Initials
CBD: 3.4			Residuals	m
CBDA: <0.10 Max CBD: 3.4			0	
Total Cannabinoids:			Propane: O Butanes: O	Hexanes: \mathcal{O} Ethyl Acetate: \mathcal{O}
	IN C	DUT	Cyclohexane: C	
MICRO SCREEN) Y (a	65		Methanol: 20	7.7
BTGN: O			Pentanes: O	Heptane: O
E. coli:			Acetone: O	Xylenes: O
Salmonella Sp:			Isopropanol: C Methylene Chlo	
Green	ally			
Grower		W7	0/	m
loo	Json	CoA	CCRS	Reviewed (LD or Designee)