Form 1014 Rev 04/19
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL ST NE, STE 100
SALEM, OR 97301-2532
(503) 986-4550

## POST IN A CONSPICUOUS PLACE

INFINITE TREE INC RYAN BURNS 11577 WILLIAMS HWY GRANTS PASS OR 97527

## **BUSINESS LOCATION**

FARM 11577 WILLIAMS HWY GRANTS PASS OR 97527

AG-R1072945AHS	01/15/2021	12/31/2021	Agricultural Hemp Seed Registration
AG-R1065472HGS	01/15/2021	12/31/2021	Hemp Grow Site
AG-R1058978iHG	01/15/2021	12/31/2021	Hemp Grower Registration

Printed: 01/19/2021



## 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: Che	mnistory	
Secondary Laboratory Testing (if a	applicable):	
Indicate if this is: (Check One)	First Test Second Test	☐ Third Test
Registered Grower Name or Busin	ess Name:	
Emily Gogol		
Registration Number: AG-R10	58978 -IHG	
Grower phone: 408-887-2882	Grower email:	emily@infinitetree.com
Field Name or Harvest Lot Name:	Row 1-7	
Sampled By:		
Kevin Lamb	Date: 8/31/2020	
Received By (laboratory personne	I):	
Alex Hoggan	<b>Date:</b> 9/1/2020	
Method Reference: HPLC-DAD		
Analytical Results: 0.074	% Total THC X Passed	Failed
If the Analytical Results: • Are less than 0.35 percent total THC: 1 • Are equal to or greater than 0.35 percerules.		
Time Tested: 5:00 PM	Oate Tested: 9/2/2020	
Laboratory Technician Performing Te	st (Print name/electronic signatu	ure:
Spencer Bagge	Da	te: 9/3/2020
Reviewed By (Print name/electronic s	ignature):	
Philip Reed	Da	te: 9/3/2020