

October 31, 2019

Eric Franks

11871 Plaza Drive
Unit 4
Murrells Inlet, South Carolina 29576

Re: Life Leaf Medical CBD Center
Work Order: 494443

Dear Eric :

GEL Laboratories, LLC (GEL) appreciates the opportunity to provide the enclosed analytical results for the sample(s) we received on October 28, 2019. This original data report has been prepared and reviewed in accordance with GEL's standard operating procedures.

Test results for NELAP or ISO 17025 accredited tests are verified to meet the requirements of those standards, with any exceptions noted. The results reported relate only to the items tested and to the sample as received by the laboratory. These results may not be reproduced except as full reports without approval by the laboratory. Copies of GEL's accreditations and certifications can be found on our website at www.gel.com.

Our policy is to provide high quality, personalized analytical services to enable you to meet your analytical needs on time every time. We trust that you will find everything in order and to your satisfaction. If you have any questions, please do not hesitate to call me at (843) 556-8171, ext. 4422.

Sincerely,



Jake Crook
Project Manager

Enclosures



Certificate of Analysis

Report Date October 31, 2019

Company:
Project: Life Leaf Medical CBD Center

GEL SDG: 494443

Contact: Eric Franks

GEL Sample ID: 494443001

Matrix: Vegetation

Client Sample ID: Vegetation

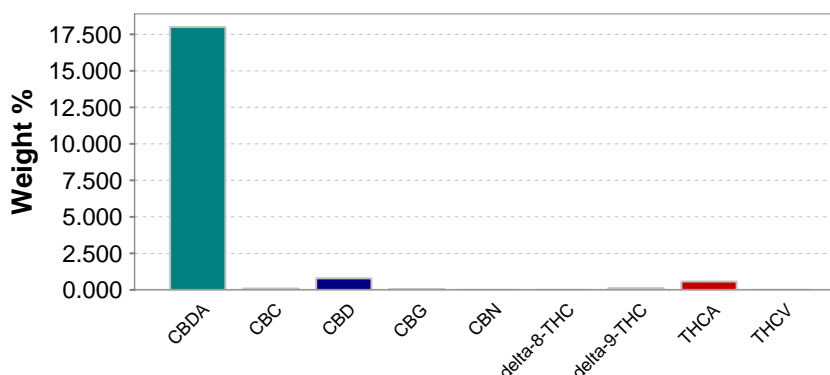
Collect Date: 28-OCT-19 00:00

Receive Date: 28-OCT-19 15:35

HPLC Cannabinoids

Analyte	Result	Weight %	Analysis Date	Batch	Dilution	Method
CBDA	180 mg/g	18.0 %	30-Oct-19 14:27	1932601	400	GEL SOP GL-OA -E-078
CBC	0.918 mg/g	0.0918 %	30-Oct-19 14:38	1932601	20	GEL SOP GL-OA -E-078
CBD	7.9 mg/g	0.79 %				
CBG	0.421 mg/g	0.0421 %				
CBN	< 0.2 mg/g	< 0.02 %				
delta-8-THC	< 0.2 mg/g	< 0.02 %				
delta-9-THC	1.14 mg/g	0.114 %				
THCA	5.73 mg/g	0.573 %				
THCV	< 0.2 mg/g	< 0.02 %				
Total Potential CBD (CBD + CBDA x 0.877)		16.6 %	31-Oct-19 09:38	1932602	1	GEL SOP GL-OA -E-078
Total Potential THC (d9-THC + d9-THCA x 0.877)		0.617 %				

Cannabinoid Profile



Certificate of Analysis

Report Date October 31, 2019

Company:
Project: Life Leaf Medical CBD Center

GEL SDG: 494443

Contact: Eric Franks

GEL Sample ID: 494443002

Matrix: Vegetation

Client Sample ID: Kief

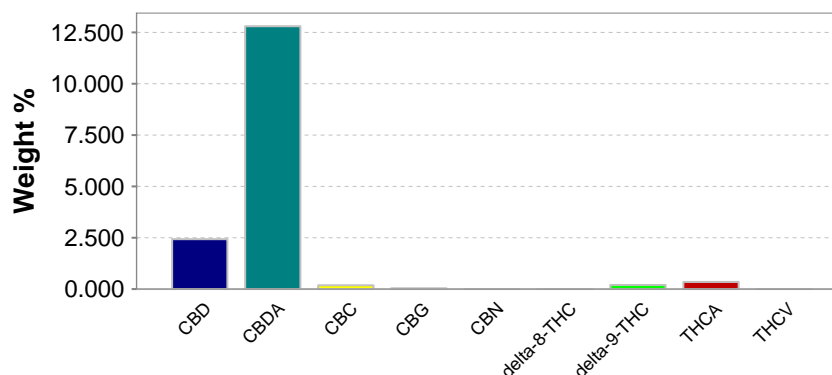
Collect Date: 28-OCT-19 00:00

Receive Date: 28-OCT-19 15:35

HPLC Cannabinoids

Analyte	Result	Weight %	Analysis Date	Batch	Dilution	Method
CBD	24.3 mg/g	2.43 %	30-Oct-19 15:02	1932601	400	GEL SOP GL-OA -E-078
CBDA	128 mg/g	12.8 %				
CBC	1.85 mg/g	0.185 %	30-Oct-19 15:13	1932601	20	GEL SOP GL-OA -E-078
CBG	0.392 mg/g	0.0392 %				
CBN	< 0.202 mg/g	< 0.0202 %				
delta-8-THC	< 0.202 mg/g	< 0.0202 %				
delta-9-THC	2.02 mg/g	0.202 %				
THCA	3.47 mg/g	0.347 %				
THCV	< 0.202 mg/g	< 0.0202 %				
Total Potential CBD (CBD + CBDA x 0.877)		13.6 %	31-Oct-19 09:38	1932602	1	GEL SOP GL-OA -E-078
Total Potential THC (d9-THC + d9-THCA x 0.877)		0.507 %				

Cannabinoid Profile



Certificate of Analysis

Report Date October 31, 2019

Company:
Project: Life Leaf Medical CBD Center

GEL SDG: 494443

Contact: Eric Franks

GEL Sample ID: 494443003

Matrix: Misc Solid

Client Sample ID: Wax

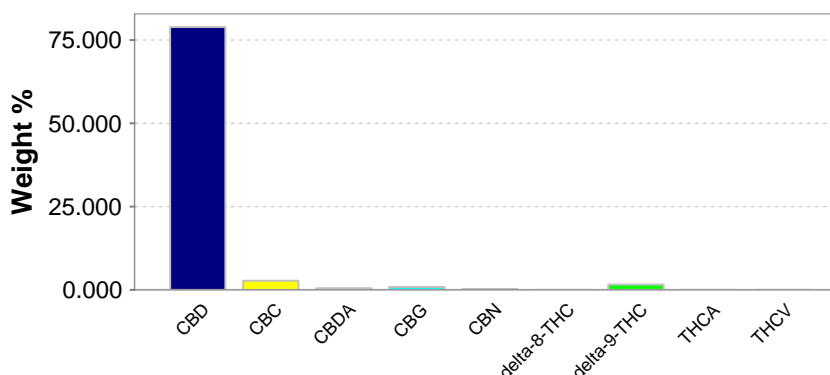
Collect Date: 28-OCT-19 00:00

Receive Date: 28-OCT-19 15:35

HPLC Cannabinoids

Analyte	Result	Weight %	Analysis Date	Batch	Dilution	Method
CBD	789 mg/g	78.9 %	30-Oct-19 18:53	1932601	2500	GEL SOP GL-OA -E-078
CBC	27.5 mg/g	2.75 %	30-Oct-19 19:04	1932601	80	GEL SOP GL-OA -E-078
CBDA	4.9 mg/g	0.49 %				
CBG	8.68 mg/g	0.868 %				
CBN	2.27 mg/g	0.227 %				
delta-8-THC	< 0.952 mg/g	< 0.0952 %				
delta-9-THC	15.9 mg/g	1.59 %				
THCA	< 0.952 mg/g	< 0.0952 %				
THCV	< 0.952 mg/g	< 0.0952 %				
Total Potential CBD (CBD + CBDA x 0.877)		79.3 %	31-Oct-19 09:38	1932602	1	GEL SOP GL-OA -E-078
Total Potential THC (d9-THC + d9-THCA x 0.877)		1.59 %				

Cannabinoid Profile



Certificate #2567.1

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[illegible]



Laboratories LLC

JC

SAMPLE RECEIPT & REVIEW FORM

Client: <u>HEMP</u>		SDG/AR/COC/Work Order: <u>494443</u>	
Received By: <u>JA</u>		Date Received: <u>10/28/19</u>	
Carrier and Tracking Number		Circle Applicable: FedEx Express FedEx Ground UPS Field Services Courier <u>Other</u> <u>USPS</u>	
Suspected Hazard Information	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	*If Net Counts > 100cpm on samples not marked "radioactive", contact the Radiation Safety Group for further investigation.	
A) Shipped as a DOT Hazardous?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Hazard Class Shipped: _____ UN#: _____ If UN2910, Is the Radioactive Shipment Survey Compliant? Yes ___ No ___	
B) Did the client designate the samples are to be received as radioactive?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	COC notation or radioactive stickers on containers equal client designation.	
C) Did the RSO classify the samples as radioactive?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Maximum Net Counts Observed* (Observed Counts - Area Background Counts): <u>0</u> CPM / mR/Hr Classified as: Rad 1 Rad 2 Rad 3	
D) Did the client designate samples are hazardous?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	COC notation or hazard labels on containers equal client designation.	
E) Did the RSO identify possible hazards?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If D or E is yes, select Hazards below. PCB's Flammable Foreign Soil RCRA Asbestos Beryllium Other: _____	
Sample Receipt Criteria		Yes <input type="checkbox"/> NA <input checked="" type="checkbox"/> No <input type="checkbox"/>	Comments/Qualifiers (Required for Non-Conforming Items)
1	Shipping containers received intact and sealed?	Yes <input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/> No <input type="checkbox"/>	Circle Applicable: Seals broken Damaged container Leaking container Other (describe)
2	Chain of custody documents included with shipment?	Yes <input type="checkbox"/> NA <input checked="" type="checkbox"/> No <input type="checkbox"/>	Circle Applicable: Client contacted and provided COC <u>COC created upon receipt</u>
3	Samples requiring cold preservation within (0 ≤ 6 deg. C)?*	Yes <input checked="" type="checkbox"/> NA <input type="checkbox"/> No <input type="checkbox"/>	Preservation Method: Wet Ice Ice Packs Dry ice <u>None</u> Other: _____ *all temperatures are recorded in Celsius TEMP: <u>23°</u>
4	Daily check performed and passed on IR temperature gun?	Yes <input checked="" type="checkbox"/> NA <input type="checkbox"/> No <input type="checkbox"/>	Temperature Device Serial #: <u>LR4-16</u> Secondary Temperature Device Serial # (If Applicable): _____
5	Sample containers intact and sealed?	Yes <input checked="" type="checkbox"/> NA <input type="checkbox"/> No <input type="checkbox"/>	Circle Applicable: Seals broken Damaged container Leaking container Other (describe)
6	Samples requiring chemical preservation at proper pH?	Yes <input checked="" type="checkbox"/> NA <input type="checkbox"/> No <input type="checkbox"/>	Sample ID's and Containers Affected: _____ If Preservation added, Lot#: _____
7	Do any samples require Volatile Analysis?	Yes <input checked="" type="checkbox"/> NA <input type="checkbox"/> No <input type="checkbox"/>	If Yes, are Encores or Soil Kits present for solids? Yes ___ No ___ NA ___ (If yes, take to VOA Freezer) Do liquid VOA vials contain acid preservation? Yes ___ No ___ NA ___ (If unknown, select No) Are liquid VOA vials free of headspace? Yes ___ No ___ NA ___ Sample ID's and containers affected: _____
8	Samples received within holding time?	Yes <input checked="" type="checkbox"/> NA <input type="checkbox"/> No <input type="checkbox"/>	ID's and tests affected: _____
9	Sample ID's on COC match ID's on bottles?	Yes <input checked="" type="checkbox"/> NA <input type="checkbox"/> No <input type="checkbox"/>	ID's and containers affected: <u>No IDs on containers</u>
10	Date & time on COC match date & time on bottles?	Yes <input checked="" type="checkbox"/> NA <input type="checkbox"/> No <input type="checkbox"/>	Circle Applicable: <u>No dates on containers</u> <u>No times on containers</u> <u>COC missing info</u> Other (describe)
11	Number of containers received match number indicated on COC?	Yes <input checked="" type="checkbox"/> NA <input type="checkbox"/> No <input type="checkbox"/>	Circle Applicable: <u>No container count on COC</u> Other (describe)
12	Are sample containers identifiable as GEL provided?	Yes <input checked="" type="checkbox"/> NA <input type="checkbox"/> No <input type="checkbox"/>	
13	COC form is properly signed in relinquished/received sections?	Yes <input checked="" type="checkbox"/> NA <input type="checkbox"/> No <input type="checkbox"/>	Circle Applicable: <u>Not relinquished</u> Other (describe)
Comments (Use Continuation Form if needed):			

PMI (or PMA) review: Initials

W

Date

10/29

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