

Potency Results

Sample Name: TSC-243014

Client: Indomira

Client Batch ID: C073GL-OOF

Pinnacle-Analytics.com 3549 Lear Way, Suite 101 Medford OR 97504 P:(541)300-8217

Sample ID: C-C-367-E800-avg

Matrix: Topical Prep Analyst: Jeff A.

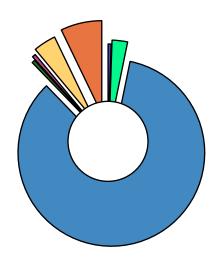
Analysis Method: 0630322+1 H4 4-21-2022 #1.lcm Sampling Method: Cannabis Sampling SOP Rev 4

Reference Method: JCB 2009: HPLC/DAD

Analysis Batch: 4-9-2024 H4 234, 276, 367, 440, 476 Solids

Date Sampled: 4/8/2024 Date Reported: 4/17/2024 Client License: N/A 540 E Vilas Suite C Central Point OR 97502

Total THC (THCA*0.877+d9-THC)	0.0309%
Total CBD (CBDA*0.877+CBD)	0.668%
Moisture Content	N/A



Cannabinoid	% Weight	mg/ml
CBDVA	<loq< td=""><td><loq< td=""></loq<></td></loq<>	<loq< td=""></loq<>
CBDV	0.0042	0.0357
CBDA*	<loq< td=""><td><loq< td=""></loq<></td></loq<>	<loq< td=""></loq<>
CBGA	<loq< td=""><td><loq< td=""></loq<></td></loq<>	<loq< td=""></loq<>
CBG	0.0212	0.18
CBD*	0.668	5.68
THCV	0.00465	0.0395
CBN	0.00475	0.0404
d9-THC*	0.0309	0.263/
d8-THC*	<loq< td=""><td><loq< td=""></loq<></td></loq<>	<loq< td=""></loq<>
CBC	0.0564	0.479
THCA*	<loq< td=""><td><løq< td=""></løq<></td></loq<>	<løq< td=""></løq<>
Total Cannabinoids		6.72
*ORELAP Accredited Analyte		

Limit Of Quantitation: 0.001%, analyte not measured

CBDV CBC **THCV**

CBG CBN

CBD* d9-THC*

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Kris Ford, PhD Lab Director



Quality Control Results

Analyst: Jeff A.

Pinnacle-Analytics.com 3549 Lear Way, Suite 101 Medford OR 97504 **Analysis Batch:** 4-9-2024 H4 234, 276, 367, 440, 476 Solids

P:(541)300-8217

•						
	Duplicate I HS-0-E780-b		LCS % Re C-SL-040924		Method B C-SB-040924	
CBDA	<loq%< th=""><th>30%</th><th>99.4%</th><th>90-110%</th><th><loq 2<="" th=""><th>LOQ/2</th></loq></th></loq%<>	30%	99.4%	90-110%	<loq 2<="" th=""><th>LOQ/2</th></loq>	LOQ/2
CBD	2.23%	30%	102.0%	90-110%	<loq 2<="" th=""><th>LOQ/2</th></loq>	LOQ/2
d9-THC	0.59%	10%	96.8%	90-110%	<loq 2<="" th=""><th>LOQ/2</th></loq>	LOQ/2
d8-THC	<loq%< th=""><th>30%</th><th>N/A%</th><th>90-110%</th><th><loq 2<="" th=""><th>LOQ/2</th></loq></th></loq%<>	30%	N/A%	90-110%	<loq 2<="" th=""><th>LOQ/2</th></loq>	LOQ/2
THCA	<loq%< th=""><th>30%</th><th>96.2%</th><th>90-110%</th><th><loq 2<="" th=""><th>LOQ/2</th></loq></th></loq%<>	30%	96.2%	90-110%	<loq 2<="" th=""><th>LOQ/2</th></loq>	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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Kris Ford, PhD Lab Director

KML Laboratories, Inc.



261 Great Northern Road Bonners Ferry, Idaho 83805 Phone: 208-267-0818 Fax: 208-267-0878

Email: Info@kmlmicro.com

Certificate of Analysis

Green Earth Medicinals Invoice Number: 24.0507
2305 Ashland St, Suite C360 PO Number: 04022024
Ashland, OR 97520 Received Date: 04/04/2024

Phone: 888-620-1110 Number of Samples: 01

Email: Compliance@indomira.com Project Name: Routine Testing

Microbiology Report:

Lab #: 24-3155	Sample Lot: TSC-243014	Sample Date: 04/01/2024
Sample Name: CBD Relief Muscle Spray	Additional ID:	Plated Date: 04/04/2024
Qualifying Material Number: No OM		

Test Performed	Results	Units	Detection Limit	Method	Date Analyzed
Aerobic Plate Count	<10	cfu/ml	10	USP 43-NF 38 <61>	04/07/2024
Coliforms	<10	cfu/ml	10	02-228	04/05/2024
E. coli	absent	P/A	1	USP 43-NF 38 <62>	04/07/2024
Staph aureus	absent	P/A	1	USP 43-NF 38 <62>	04/07/2024
Yeast	<10	cfu/ml	10	USP 43-NF 38 <61>	04/09/2024
Mold	<10	cfu/ml	10	USP 43-NF 38 <61>	04/09/2024
Salmonella	absent	P/A	1	USP 43-NF 38 <62>	04/08/2024
Pseudo. aeruginosa	absent	P/A	1	USP 43-NF 38 <62>	04/07/2024

Approved By: QA Director SMV 04/09/2024

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KML Laboratories, Inc.



Project Name:

261 Great Northern Road Bonners Ferry, Idaho 83805 Phone: 208-267-0818 Fax: 208-267-0878

Email: Info@kmlmicro.com

Routine Testing

Certificate of Analysis

Email: Compliance@indomira.com

Green Earth Medicinals Invoice Number: 24.0507 2305 Ashland St, Suite C360 PO Number: 04022024 Ashland, OR 97520 Received Date: 04/04/2024

Phone: 888-620-1110 Number of Samples: 01

Microbiology Report:

Lab #: Control 04042024	Additional ID: Negative Control Purposes	Plated Date: 04/04/2024
Sample Name: Control 04042024		

Qualifying Material Number: QM-06-001

Test Performed	Results	Units	Detection Limit	Method	Date Analyzed
Aerobic Plate Count	nd	cfu/ml	10	USP 43-NF 38 <61>	04/07/2024
Coliforms	nd	cfu/ml	10	02-228	04/06/2024
E. coli	absent	P/A	1	USP 43-NF 38 <62>	04/07/2024
Staph aureus	absent	P/A	1	USP 43-NF 38 <62>	04/07/2024
Yeast	nd	cfu/ml	10	USP 43-NF 38 <61>	04/09/2024
Mold	nd	cfu/ml	10	USP 43-NF 38 <61>	04/09/2024
Salmonella	absent	P/A	1	USP 43-NF 38 <62>	04/08/2024
Pseudo. aeruginosa	absent	P/A	1	USP 43-NF 38 <62>	04/07/2024

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