Gorilla Glue 4 Live Rosin Vape Cartridges

Trailhead Cannabis Co

Brainerd, MN

Sample ID: AIT-SAMP-653
Product Matrix: Cannabis or Hemp Rosins for Inhalation
Strain: Gorilla Glue 4
Batch No:
Batch Size: 1000

Report Issuance: 08/20/2026
Collected (Sampled): 08/05/2026
Received By Testing Lab: 08/12/2026 03:03 PM
Sample Preparation: 08/17/2026, 08/14/2026, 08/19/2026, 08/18/2026, 08/13/2026

Level of Analysis: Original
Sampling Method: SOP Client Method
Description:
Metrc ID: 1A4140300005E89000000009



81.289% Total THC
Pass Mycotoxins
Pass Pesticides
Pass Microbials
Pass Heavy Metals
Not Tested Residual Solvents
Not Tested Foreign Matter
Not Tested Homogeneity

ANALYZED PER MN OCM
QUALITY CONTROL VERIFIED
TECHNICAL AUTHORITY

Cannabinoid Potency

Analyte	81.289% Total THC MU	LOQ	Results	Results
	%	mg/g	mg/g	%
CBDa	4.8	4	<LOQ	<LOQ
CBGa	7.5	4	<LOQ	<LOQ
CBG	3.1	4	15.179053	1.5179053
CBD	5.8	4	<LOQ	<LOQ
THCV	3.9	4	<LOQ	<LOQ
CBN	3.9	4	<LOQ	<LOQ
Δ9-THC	6.5	4	812.891143	81.2891143
Δ8-THC	8.4	4	<LOQ	<LOQ
CBC	6.7	4	9.061735	0.9061735
THCa	11.7	4	<LOQ	<LOQ

Test Method: MTH-CP-01
Total Primary Sample Weight: 0.0495

Equations: Total THC=(THCa*0.877)+Delta 9 THC | Total CBD = (CBDa*0.877)+CBD | Purity Equation=unknown cannabinoids' estimated concentration based on peak area comparison to the CBD calibration curve. | Other Artificially Derived Cannabinoids = combined total of 0.5 milligrams of all other cannabinoids per serving other than delta-9 THC, CBD, CBG, CBN, and CBC |Total [Analyte] mg Per Container=Servings Per Container*Total [Analyte] mg/g | Total [Analyte] mg Per Serving=Servings Per Container*Total [Analyte] mg/g | Total Variance=Product Label within 15% of label amount for each compound listed, or <25% if more than 70% THC present.

Location of Analysis: 2224 26th St S Moorhead, MN, 56560

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Brad Towey, PH.D. | Principal Scientist

Mark Adams | COO

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Product Matrix: Cannabis or Hemp Rosins for Inhalation

Level of Analysis: Original

Microbial Analysis

Analyte	Limit	Result	Status
A. niger	Not detected in 5 g	Not detected in 5 g	Pass
A. flavus	Not detected in 5 g	Not detected in 5 g	Pass
A. fumigatus	Not detected in 5 g	Not detected in 5 g	Pass
A. terreus	Not detected in 5 g	Not detected in 5 g	Pass
Enterobacteriaceae (CFU/g)	150	<100	Pass
Listeria Monocytogenes	Not detected in 5 g	Not detected in 5 g	Pass
Salmonella species	Not detected in 5 g	Not detected in 5 g	Pass
Shiga toxin-producing E. coli	Not detected in 5 g	Not detected in 5 g	Pass

Test Method: MTH-MICRO-ASP-01, MTH-MICRO-EN-01, MTH-MICRO-LIS-01, MTH-MICRO-SLM-01, MTH-MICRO-STCSLM-01
Total Primary Sample Weight: 5

Heavy Metals

Analyte	MU	LOQ	Limit	Result	Status
	%	PPM	PPM	PPM	
Arsenic	10.7	0.05	0.2	<LOQ	Pass
Cadmium	30.7	0.05	0.2	<LOQ	Pass
Mercury	17.6	0.05	0.1	<LOQ	Pass
Lead	5.4	0.05	0.5	<LOQ	Pass

Test Method: MTH-HM-01
Total Primary Sample Weight: 0.0987
Equations: Concentration (ppb, µg/kg) = S (Concentration of Analyte (ng/g) * DF (Dilution Factor) * (M (Mass of Analytical Solution)/m (Mass (g) of Sample Portion))

Mycotoxins

Analyte	MU	LOQ	Limit	Result	Status
	%	PPB	PPB	PPB	
Aflatoxin B1	21.6	8	20	<LOQ	PASS
Aflatoxin B2	29.2	8	20	<LOQ	PASS
Aflatoxin G1	32.6	8	20	<LOQ	PASS
Aflatoxin G2	29.1	8	20	<LOQ	PASS
Ochratoxin A	29.1	8	20	<LOQ	PASS
Total Mycotoxins	N/A	N/A	20	0	PASS

Test Method: MTH-PM-01; MTH-MY-01
Total Primary Sample Weight: 0.5035, 0.0499

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Mark Adams | COO

MN OCM License No: TF-L25-000011-01-TST
METRC No: TF-L25-000011-01-TST

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Brainerd, MN

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Report Issuance: 08/20/2026

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Level of Analysis: Original

Pesticides

Analyte	MU	LOQ	Limit	Result	Status	Analyte	MU	LOQ	Limit	Result	Status	Analyte	MU	LOQ	Limit	Result	Status
	%	PPM	PPM	PPM			%	PPM	PPM	PPM			%	PPM	PPM	PPM	
Abamectin	66	0.005	0.5	<LOQ	Pass	Fenoxycarb	5.6	0.005	0.2	<LOQ	Pass	Pyrethrin I	10.1	0.005	1	<LOQ	Pass
Acephate	46	0.005	0.4	<LOQ	Pass	Fenpyroximate	15.6	0.005	0.4	<LOQ	Pass	Pyridaben	13.6	0.005	0.2	<LOQ	Pass
Acequinocyl	35.2	0.005	2	<LOQ	Pass	Fipronil	15	0.005	0.4	<LOQ	Pass	Spinosyn A	6.6	0.005	N/A	<LOQ	N/A
Acetamiprid	13	0.005	0.2	<LOQ	Pass	Flonicamid	9.7	0.005	1	<LOQ	Pass	Spinosyn D	5.7	0.005	N/A	<LOQ	N/A
Azadirachtin	30	0.005	1	<LOQ	Pass	Fludioxonil	16.6	0.005	0.4	<LOQ	Pass	Spinosad	6.4	0.005	0.2	<LOQ	Pass
Azoxystrobin	17.4	0.005	0.2	<LOQ	Pass	Hexythiazox	10.4	0.005	1	<LOQ	Pass	Spiromefesin	7.1	0.005	0.2	<LOQ	Pass
Bifenazate	2.9	0.005	0.2	<LOQ	Pass	Imazalil	39.5	0.005	0.2	<LOQ	Pass	Spirotetramat	4	0.005	0.2	<LOQ	Pass
Bifenthrin	64.3	0.005	0.2	<LOQ	Pass	Imidacloprid	12.2	0.005	0.4	<LOQ	Pass	Tebuconazole	12.9	0.005	0.4	<LOQ	Pass
Boscalid	10.3	0.005	0.4	<LOQ	Pass	Kresoxim Methyl	6.6	0.005	0.4	<LOQ	Pass	Thiamethoxam	9.7	0.005	0.2	<LOQ	Pass
Carbaryl	10.6	0.005	0.2	<LOQ	Pass	Malathion	10	0.005	0.2	<LOQ	Pass	Trifloxystrobin	12.4	0.005	0.2	<LOQ	Pass
Chlorantraniliprole	13.4	0.005	0.2	<LOQ	Pass	Metalaxyl	19.4	0.005	0.2	<LOQ	Pass						
Chlorfenapyr	21.9	0.005	1	<LOQ	Pass	Methiocarb	2.1	0.005	0.2	<LOQ	Pass						
Chlormequat Chloride	13.6	0.005	0.2	<LOQ	Pass	Methomyl	25	0.005	0.4	<LOQ	Pass						
Chlorpyrifos	5.8	0.005	0.2	<LOQ	Pass	Myclobutanil	7.4	0.005	0.2	<LOQ	Pass						
Clofentezine	11.7	0.005	0.2	<LOQ	Pass	Naled	3.1	0.005	0.5	<LOQ	Pass						
Cyfluthrin	25.4	0.005	1	<LOQ	Pass	Oxamyl	17.8	0.005	1	<LOQ	Pass						
Cypermethrin	15	0.005	1	<LOQ	Pass	Paclobutrazol	4.8	0.005	0.4	<LOQ	Pass						
Daminozide	24.6	0.005	1	<LOQ	Pass	Permethrins	63.8	0.005	0.3	<LOQ	Pass						
Diazinon	5.4	0.005	0.2	<LOQ	Pass	Phosmet	14.6	0.005	0.2	<LOQ	Pass						
Dichlorvos	14.1	0.005	0.1	<LOQ	Pass	Piperonyl Butoxide	6.3	0.005	2	<LOQ	Pass						
Dimethoate	15.5	0.005	0.2	<LOQ	Pass	Prallethrin	6	0.005	0.2	<LOQ	Pass						
Etofenprox	42.9	0.005	0.4	<LOQ	Pass	Propiconazole	10.6	0.005	0.4	<LOQ	Pass						
Etoxazole	11.5	0.005	0.2	<LOQ	Pass	Propoxur	12.3	0.005	0.2	<LOQ	Pass						

Test Method: MTH-PM-01; MTH-PE-01

Total Primary Sample Weight: 0.5035, 0.0499

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METRC No: TF-L25-000011-01-TST

2224 26th St S Moorhead, MN, 56560

METRC®

MARIJUANA TRANSPORTATION MANIFEST

All sales transactions are to be completed prior to transportation of any MARIJUANA. The receiving entity may reject product delivered, but amount delivered must be limited to amount agreed upon in prior sales transaction.

Manifest No.	**0000404830**	**Date Created**	8/6/2026 2:59 PM
Originating Entity	Trailhead Cannabis Company		**For Agency Use Only**
Originating License Number	MICRO-L25-000917-01-AUM		
Address of Originating Entity	17951 State Highway 371 Brainard, MN 56401		
Phone No. of Originating Entity			

1. Destination	Adams Independent Testing MN LLC	**Destination Phone No.**	
Invoice Number	Lab Vape Transfer		
Destination License Number	TF-L25-000011-01-TST	**Date and Approx. Time of Departure**	8/7/2026 2:57 PM
Address of Destination	2224 26th Street S Moorhead, MN 56560	**Actual Date/Time of Departure**	8/10/2026 7:02 AM
		Date and Approx. Time of Arrival	8/7/2026 2:57 PM
		Date/Time Received	8/12/2026 1:40 PM

Route to be Traveled

Drive west.Turn left onto Chester Street.Turn right toward US 52 North/Plato Boulevard.Take the US 52 North ramp on the left.Keep right to take I 94 West.Take exit 242B onto US 10 West.Keep right to take exit 113-114 to stay on US 10 West.Continue toward I 694 West.Keep left to take I 694 West.Keep left to stay on I 694 West.Keep right to take exit 27 onto I 94 West toward Saint Cloud.Keep right to stay on I 94 West.Take exit 61 onto CH 82 toward Fergus Falls.Turn right onto US 59/CH 82. Continue on CH 82.Turn left.You have arrived at your destination.Leg 2Drive southeast.Turn left onto Pebble Lake Road/CH 82.Turn left onto Minnesota State Highway 210/MN 210. Continue on MN 210.Take the I 94 West ramp.Take exit 2 onto I 94 Business toward 34th Street.Turn right onto 34th Street South/I 94 Business.Turn left onto 24th Avenue South/I 94 Business.Turn right onto Main Avenue Southeast/I 94 Business.Turn left onto 20th Avenue South.Turn left onto 26th Street South.You have arrived at your destination.

Notes: details for extenuating circumstances (e.g., road closure, flat tire, etc.)

1. Outbound Transporter	Boxes	**Layover Schedule**	
Transporter License Number	TRN-L25-000030-01-TRANS	**Date and Approx. Time of Check-In**	8/6/2026 2:57 PM
Address of Transporter	312 Chester Street St. Paul, MN 55107	**Actual Date/Time of Arrival**	8/10/2026 7:02 AM
		Date and Approx. Time of Check-Out	8/6/2026 2:57 PM
		Actual Date/Time of Departure	8/12/2026 7:21 AM

Contact Phone No. for Inquiries: 952-451-6618

Name of Person Transporting	Gregory Nystrom	**Employee ID of Driver**	Nystrom3005
State Driver's License No.	1406113689	**Signature of Person Transporting**	
Make, Model, Lic No, Reg No.:	Ford, Transit, SYA976, (blank)	**Leg of Layover Trip**	From And To Layover

1. Package | Accepted	**Production Batch No.**	**Item Name**	**Quantity**
1A4140300005E89000000009 Lab Test: SubmittedForTesting Contains Retail IDs: No		Trailhead .5g Live Rosin Vape-IN | Trailhead | Gorilla Glue 4 | 0.5g | Unflavored | 1 ct (CANNABIS VAPE CARTRIDGE (PACKAGED))	Shp: 46 ea Rcv: 46.0000 ea

Item Details	CBD: 0% | THC: 0% | Wgt: 0.5 g		
Source Harvest	Gorilla Glue 4 | 7/22/26 | HB | Photo		
Source Package(s)	1A4140300005E89000000008		
Req'd Lab Test Batches	Non-Solvent Concentrate/Extract for Inhalation		

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MARIJUANA TRANSPORTATION MANIFEST

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Manifest No.	**0000404830**	**Date Created**	8/6/2026 2:59 PM

PRODUCT REJECTION *(if only a portion of shipment is rejected, circle that portion above)*

Name of Person Receiving or Rejecting Product	

I confirm that the contents of this shipment match weight records entered above, and I agree to take custody of those portions of this shipment *not* circled above. Those portions circled were returned to the individual delivering this shipment.

Signature		**Date**	
Signature of individual taking receipt of rejected portion of this shipment			