



Smithers AMS LLC

790 Main St
Wareham, MA 02571
License #: IL281355
Phone: 508-295-2550



Customer: The Healing Rose

Address:

23 Hale St
Newburyport MA 01950

Phone: 978-409-1091

License #: MDAR 25190109P

Certificate of Analysis



Sample ID: 15874

Sample Name: Goddess Revival Bath Soak

Sample Type: Other

Received Date: 08/07/2024

Report Date: 08/10/2024

METRC ID: N/A

Client Batch ID: Batch #2324

Client Sample Size: 177 grams

Unit Weight (g): 340



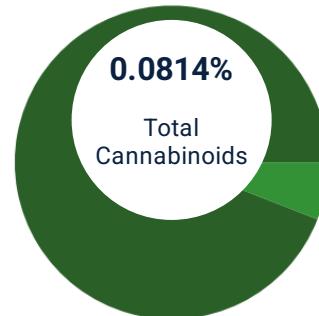
Results Summary

Cannabinoids

08/08/2024

TESTED

Cannabinoid Distribution (%)



CBD (0.0766%)
CBG (0.00481%)

Disclaimer: The results presented within this report pertain only to the sample(s) indicated, as received by Smithers AMS LLC. Smithers AMS LLC is responsible for the information provided in this report, unless indicated that the customer provided the information. This report shall not be reproduced, except in full, without the written approval of Smithers AMS LLC. Action limits used to dictate pass/fail criteria are set by the Massachusetts Cannabis Control Commission.



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Certificate of Analysis

Cannabinoids

Date Started: 08/07/2024

Instrument: UPLC-PDA

Date Completed: 08/08/2024

Method: TP-09.001.05 & TP-09.012.05

Analyst: Yuemin Wang Kovaleff

Deviation: N/A

Cannabinoid	Result (%)	Result (mg/unit)	LOQ (mg/unit)
CBD	0.0766	260	0.00165
CBG	0.00481	16.4	0.000825
CBDVA	ND	ND	0.000660
CBDV	ND	ND	0.000660
CBDA	ND	ND	0.00165
CBGA	ND	ND	0.000825
Δ9-THCV	ND	ND	0.000660
Δ8-THCV	ND	ND	0.000660
THCVA	ND	ND	0.000660
CBN	ND	ND	0.000825
CBNA	ND	ND	0.000660
Exo-THC	ND	ND	0.000660
Δ9-THC	ND	ND	0.00165
Δ8-THC	ND	ND	0.000825
CBL	ND	ND	0.000660
THCA-A	ND	ND	0.00165
CBC	ND	ND	0.000660
CBCA	ND	ND	0.000660
Total THC	ND	ND	
Total CBD	0.0766	260	
Total Cannabinoids	0.0814	277	

Total THC = Δ9-THC + (THCA-A x 0.877)

Total CBD = CBD + (CBDA x 0.877)

Total Cannabinoids = Sum of all cannabinoids without THC/CBD corrections.

LOD = Limit of Detection; LOQ = Limit of Quantitation; ND = Not Detected.

Eric Steele, Lab Director
08/10/2024

END OF REPORT

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