

Ingestibles
&
Oil's
GMP & Farm



BIOPHARMA



QUALITY MANAGEMENT COMPLIANCE DOCUMENTATION PACKAGE CERTIFICATIONS AND CLAIMS



GVB BIOPHARMA 2020



GVB Biopharma is a story of friendship, dedication to exacting principles, and swift success. Founded in the fertile farm country of central Oregon in 2016 by three best friends who have known one another since high school, GVB has grown rapidly. Our carefully selected team of 150 employees includes top chemists and extractors, and many locals who have been trained to carry out highly technical jobs. A strong sense of pride runs through the company as we share our mission to create the highest quality hemp cannabinoid products possible. Our ethos is centered on quality, customer service, and transparency, a spirit that permeates the entire organization and is validated by our ISO 9001:2015 and other certifications. We believe passionately in the powerful, life-enhancing qualities of CBD and other hemp-based products, and take pride in our research in every facet of hemp cultivation and production. Our work changes lives for the better.

GVB Biopharma
4456 E Craig Rd
Las Vegas, Nevada 89115
+1 (888) 999-4515
gvbbiopharma.com

GVB Oregon
212 North Street
Grass Valley, Oregon 97029

GVB Nevada
4456 E Craig Rd
Las Vegas, Nevada 89115

GVB California
10585 Santa Monica Boulevard
Los Angeles, California 90025

GVB Denver
999 18th Street Suite 3000
Denver, Colorado 80202



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Quality Management System Certificate

This certifies that the quality system of

GVB Oregon

212 N.W. North St.,
Grass Valley, OR 97029, USA

is registered by IAPMO R&T in recognition of a
Quality Management System which fulfills the requirement of

ISO 9001:2015

Scope of Registration

Process raw hemp into refined bulk CBD

Certificate No: 1103535

Original Approval:	06/15/2020
Certificate Decision/Re-Issue Date:	06/15/2020
Certificate Issue Date:	06/15/2020
Certificate Expiry:	06/14/2023


Shirley Dewi, Sr. Vice President of
Management System Registration Services


Russ Chaney, Chief Executive Officer





NSF INTERNATIONAL

789 N. Dixboro Road, Ann Arbor, Michigan 48105 USA
+1 800 673 6275



GMP REGISTERED
Dietary Supplements

NSF International has assessed and confirmed compliance of

GVB Biopharma

Facility: 212 Northeast North, Grass Valley, OR, 97029, United States

to NSF GMP Registration Program Requirements of NSF/ANSI 173, Section 8

which includes FSMA and cGMP (21 CFR 111), (21 CFR 117)

Print Date: August 25, 2020
Certificate Number: C0548762-DS-1
Initial Certification: August 25, 2020
Expiration Date: August 25, 2021

David Trosin
Managing Director
Health Sciences Certification

This certificate is the property of NSF International and must be returned upon request. For the most current and complete information, please access NSF's website (www.nsf.org).



ב"ה

קנטקי כשר - KENTUCKY KOSHER - INTERNATIONAL

1622 ALMARA CIRCLE, LOUISVILLE, KY 40205
502-235-5770 - OFFICE@KYKOSHER.COM

RABBI MOSHE GUTNICK
RAV

January 01, 2020

RABBI AVROHOM LITVIN
KOSHER ADMINISTRATOR

To Whom It May Concern:

RABBI CHAIM LITVIN
KOSHER COORDINATOR

This is to certify that the following products:

- CBD ISOLATE
- CBG ISOLATE
- CBN ISOLATE
- BSD (T-free Distillate)
- CRD(Crystal Resistant Distillate)
- Water Soluble Powder CBD
- Water Soluble Liquid CBD
- CBG BSD (T-free Distillate)
- T-Compliant BSD

manufactured by **GVB Oregon** in Grass Valley, Oregon is under the strict supervision of Kentucky Kosher, and are accordingly **KOSHER** and **PAREVE**.

This certification is valid until December 31, 2020 and is subject to renewal at that time. This certification does not include Passover use.

Rabbi Avrohom Litvin

AL/SL

FDA REGISTRATION

Date: Feb 27, 2020 5:45:58 PM

Section 1 Type of Registration

1a. DOMESTIC REGISTRATION

1b. INITIAL REGISTRATION: **17469524354**

PIN NUMBER:937E27B9

ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY? Yes No

1c. PREVIOUS OWNER'S TITLE : PREVIOUS OWNER'S NAME : PREVIOUS OWNER'S REGISTRATION NUMBER :

Section 2 Facility Name/Address Information

FACILITY NAME: GVB Biopharma

FACILITY NAME SUFFIX: Corporation

FACILITY STREET ADDRESS, Line1: 212 NE North St

FACILITY STREET ADDRESS, Line2:

CITY: Grass Valley

STATE/PROVINCE/TERRITORY: Oregon

ZIP CODE (POSTAL CODE): 97029

COUNTRY/AREA: UNITED STATES

PHONE NUMBER (Include Area/Country Code): 1 213 9261580

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS: jonathan@gvbbiopharma.com

Section 3 Preferred Mailing Address Information

(Complete this section only if different from Section 2, Facility Name/Address Information)

If information is the same as section 2, check the box:

NAME: GVB Biopharma

ADDRESS, Line1: 212 NE North St

ADDRESS, Line2:

CITY: Grass Valley

STATE/PROVINCE/TERRITORY: Oregon

ZIP CODE (POSTAL CODE): 97029

COUNTRY/AREA: UNITED STATES

PHONE NUMBER (Include Area/Country Code): 1 213 9261580

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS: jonathan@gvbbiopharma.com

Section 4 Parent Company Name/Address Information

(If applicable and If different from sections 2 and 3). If information is the same as another section, check which section:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- None of the above

NAME OF PARENT COMPANY: GVB Biopharma

PARENT COMPANY SUFFIX: Corporation

STREET ADDRESS OF PARENT COMPANY, Line 1: 212 NE North St

STREET ADDRESS OF PARENT COMPANY, Line2:

CITY: Grass Valley

STATE/PROVINCE/TERRITORY: Oregon

ZIP CODE (POSTAL CODE): 97029

COUNTRY/AREA: UNITED STATES

PHONE OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code): 1 213 9261580

FAX # OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code):

E-MAIL ADDRESS OF INDIVIDUAL AT PARENT COMPANY: jonathan@gvbbiopharma.com

Section 5 Emergency Contact Information

For foreign facilities, FDA will use your U.S. agent as your emergency contact unless you choose to designate a different contact here. If information is the same as another section, check which section:

- Same as Facility Address (Section 2)
- Same as U.S. Agent Information (Section 7)
- None of the above

INDIVIDUAL'S TITLE:

INDIVIDUAL'S TITLE OTHER:

INDIVIDUAL'S NAME:

INDIVIDUAL'S MIDDLE NAME:

INDIVIDUAL'S LAST NAME:

TITLE:

EMERGENCY CONTACT PHONE (Include Area/Country Code): 1 213 9261580

E-MAIL ADDRESS: jonathan@gvbbiopharma.com

Section 6 Trade Names

(If this facility uses trade names other than that listed in section 2 above, list them below (E.G., "also doing business as," "facility also known as")):

ALTERNATE TRADE NAME # 1: GVB Oregon

ALTERNATE TRADE NAME # 2: Evergreen State Holdings

Section 7 United States Agent

(To be completed by facilities located outside any state or territory of the United States, District Of Columbia, or The Commonwealth of Puerto Rico)

FIRST NAME OF U.S. AGENT: -N/A-

MIDDLE NAME OF U.S. AGENT: -N/A-

LAST NAME OF U.S. AGENT: -N/A-

TITLE: -N/A-

ADDRESS, Line 1: -N/A-

ADDRESS, Line 2: -N/A-

CITY: -N/A-

STATE: -N/A-

ZIP CODE (POSTAL CODE): -N/A-

COUNTRY/AREA: -N/A-

PHONE NUMBER (Include Area/Country Code): -N/A-

EMERGENCY CONTACT PHONE NUMBER (Include Area Code): -N/A-

FAX NUMBER (Include Area/Country Code): -N/A-

EMAIL ADDRESS: -N/A-

Section 8 Seasonal Facility Dates of Operation

Optional - Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis.

For Harvest 1

Start Month:

End Month:

For Harvest 2

Start Month:

End Month:

Section 9 General Product Categories - HUMAN/ANIMAL/BOTH

Food for Human Consumption

Food for Animal Consumption

Section 9a Food for Human Consumption

To be completed by all food facilities. Please see instructions for further examples.	TYPE OF ACTIVITY CONDUCTED AT THE FACILITY (Optional) Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.												
	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks)	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)	Acidified Food Processor	Low Acid Food Processor	Interstate Conveyance Caterer / Catering Point	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Repacker / Packer	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify Below Row 37)
<input type="checkbox"/> 1. ALCOHOLIC BEVERAGES [21 CFR 170.3 (n) (2)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2. BABY (INFANT AND JUNIOR) FOOD PRODUCTS Including Infant Formula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3. BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS [21 CFR 170.3 (n) (1), (9)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4. BEVERAGE BASES [21 CFR 170.3 (n) (3), (35)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5. CANDY WITHOUT CHOCOLATE, CANDY SPECIALTIES AND CHEWING GUM [21 CFR 170.3 (n) (6), (9), (25), (38)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 6. CEREAL PREPARATIONS, BREAKFAST FOODS, QUICK COOKING / INSTANT CEREALS [21 CFR 170.3 (n) (4)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7. CHEESE AND CHEESE PRODUCT CATEGORIES [21 CFR 170.3 (n) (5)]													
<input type="checkbox"/> a. Soft, Ripened Cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> b. Semi-Soft Cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> c. Hard Cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> d. Other Cheeses and Cheese Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 8. CHOCOLATE AND COCOA PRODUCTS [21 CFR 170.3 (n) (3), (9), (38), (43)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 9. COFFEE AND TEA [21 CFR 170.3 (n) (3), (7)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 10. COLOR ADDITIVES FOR FOODS [21 CFR 170.3 (o) (4)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 11. DIETARY CONVENTIONAL FOODS OR MEAL REPLACEMENTS (Includes Medical Foods) [21 CFR 170.3 (n) (31)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	a. Fresh Cut Produce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	b. Raw Agricultural Commodities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	c. Other Fruit and Fruit Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	18. FRUIT OR VEGETABLE JUICE, PULP OR CONCENTRATE PRODUCTS [21 CFR 170.3 (n) (3), (16), (35)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	19. GELATIN, RENNET, PUDDING MIXES, OR PIE FILLINGS [21 CFR 170.3 (n) (22)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	20. ICE CREAM AND RELATED PRODUCTS [21 CFR 170.3 (n) (20), (21)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	21. IMITATION MILK PRODUCTS [21 CFR 170.3 (n) (10)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	22. MACARONI OR NOODLE PRODUCTS [21 CFR 170.3 (n) (23)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	23. MEAT, MEAT PRODUCTS AND POULTRY (FDA REGULATED) [21 CFR 170.3 (n) (17), (18), (29), (34), (39), (40)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	24. MILK, BUTTER, OR DRIED MILK PRODUCTS [21 CFR 170.3 (n) (12), (30), (31)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	25. MULTIPLE FOOD DINNERS, GRAVIES, SAUCES AND SPECIALTIES [21 CFR 170.3 (n) (11) (14), (17), (18), (23), (24), (29), (34), (40)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	26. NUTS AND EDIBLE SEED PRODUCT CATEGORIES [21 CFR 170.3 (n) (26), (32)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	a. Nut and Nut Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	b. Edible Seed and Edible Seed Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	27. PREPARED SALAD PRODUCTS [21 CFR 170.3 (n) (11), (17), (18), (22), (29), (34), (35)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	28. SHELL EGG AND EGG PRODUCT CATEGORIES [21 CFR 170.3 (n) (11), (14)]												
<input type="checkbox"/>	a. Chicken Egg and Egg Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	b. Other Eggs and Egg Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	29. SNACK FOOD ITEMS (FLOUR, MEAL OR VEGETABLE BASE) [21 CFR 170.3 (n) (37)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	30. SPICES, FLAVORS, AND SALTS [21 CFR 170.3 (n) (26)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	31. SOUPS [21 CFR 170.3 (n) (39), (40)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	32. SOFT DRINKS AND WATERS [21 CFR 170.3 (n) (3), (35)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES [21 CFR 170.3 (n) (19), (36)]												
<input type="checkbox"/>	a. Fresh Cut Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	b. Raw Agricultural Commodities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	c. Other Vegetable and Vegetable Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	34. VEGETABLE OILS (INCLUDES OLIVE OIL) [21 CFR 170.3 (n) (12)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	35. VEGETABLE PROTEIN PRODUCTS (SIMULATED MEATS) [21 CFR 170.3 (n) (33)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	36. WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH [21 CFR 170.3 (n) (1), (23)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	37. NONE OF THE ABOVE FOOD CATEGORIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the food categories listed above do not apply, then print the applicable food category or categories.

Hemp-derived ingredients.

Other Activity Conducted

Section 10 - Owner, Operator or Agent in Charge Information

Provide the following information, If different from all other sections on the form. If information is the same as another section of the form, Check which section:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information
- Section 7 - US Agent Address Information

NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER, OPERATOR, OR AGENT IN CHARGE: Evergreen State Holdings, LLC dba GVB Oregon

STREET ADDRESS, Line 1: 212 NE North St

STREET ADDRESS, Line 2:

CITY: Grass Valley

STATE/PROVINCE/TERRITORY: Oregon

ZIP CODE (POSTAL CODE): 97029

COUNTRY/AREA: UNITED STATES

PHONE NUMBER (Include Area/Country Code): 1 213 9261580

FAX NUMBER (OPTIONAL; Include Area/Country Code):

E-MAIL ADDRESS (Required unless FDA has granted a waiver under 21 CFR 1.245): jonathan@gvbbiopharma.com

Section 11 Inspection Statement

- FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 12 Certification Statement

The owner, operator, or agent in charge of the facility, or an individual authorized by the owner, operator, or agent in charge of the facility, must submit this form. form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent in charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent in charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent in charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

Name of the Submitter: Jonathan Staffeldt

CHECK ONE BOX

- A.OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)
- B.INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION

ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line1: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line2: -N/A-

CITY: -N/A-

STATE/PROVINCE/TERRITORY: -N/A-

ZIP CODE (POSTAL CODE): -N/A-

COUNTRY/AREA: -N/A-

PHONE NUMBER (Include Area/Country Code): -N/A-

FAX NUMBER (Optional; Include Area/Country Code): -N/A-

E-MAIL ADDRESS (Required unless FDA has granted a waiver under 21 CFR 1.245): -N/A-



Oregon Department of Agriculture

635 Capitol St NE Salem, OR 97301-0110
Phone (503) 986-4620
<https://oda.direct/NOP>

Certified to the USDA Organic regulations, 7 CFR Part 205

ORGANIC CROPS CERTIFICATE

is issued to:

Martin Farms, Inc.
73154 Greenberry Rd.
Rufus, OR 97050

On October 21, 2019

Organic:

By submitting this

Herbs and Spices:

Catnip, Garlic, Lemonbalm, Skullcap, Mint (*Mentha arvensis*, Peppermint, Spearmint)

Field/Forageable:

Fallow

Other:

Hemp
Circles 6, 7, 9

Organic Sites:

Total Organic Acres: 119

This certificate verifies that the above named operation has been inspected annually by an ODA representative to verify compliance with organic standards. Once certified, a production or handling operation's organic certification continues in effect until surrendered, suspended or revoked.

Certification Number: AG-C0001062OC
Anniversary Date: February 1st
NOP Effective Date: 05/22/2015
Certified by Oregon Dept of Agriculture since 2015

POST IN A CONSPICUOUS PLACE

GVB OREGON
PHILLIP SWINDELLS
PO BOX 158
GRASS VALLEY OR 97029

BUSINESS LOCATION

GVB OREGON
212 NE NORTH ST
GRASS VALLEY OR 97029

<u>LICENSE NUMBER</u>	<u>DATE ISSUED</u>	<u>DATE EXPIRES</u>	<u>LICENSE</u>
AG-R1065475IHH	01/28/2020	12/31/2020	Hemp Handler Registration

Printed: 01/29/2020

POST IN A CONSPICUOUS PLACE

GVB OREGON
PHILLIP SWINDELLS
PO BOX 158
GRASS VALLEY OR 97029

BUSINESS LOCATION

GVB OREGON
212 NE NORTH ST
GRASS VALLEY OR 97029

<u>LICENSE NUMBER</u>	<u>DATE ISSUED</u>	<u>DATE EXPIRES</u>	<u>LICENSE</u>
AG-R1065475IHH	01/28/2020	12/31/2020	Hemp Handler Registration

Printed: 01/29/2020

POST IN A CONSPICUOUS PLACE

GV FARM SERVICES LLC
PHILLIP SWINDELLS
PO BOX 158
GRASS VALLEY OR 97029

BUSINESS LOCATION

GV FARM SERVICES LLC
NONE
TYGH VALLEY OR 97063

LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	LICENSE
AG-R1054037AHS	01/28/2020	12/31/2020	Agricultural Hemp Seed Registration
AG-R1050452IHG	01/28/2020	12/31/2020	Hemp Grower Registration

Printed: 01/29/2020

GVB Oregon
212 North Street
Grass Valley OR 97029
971-313-1769

Contact Date:5/21/2020

License No.: AG-L1049747FP
Inspection Purpose: Routine

Person Contacted: Tony Yinger - Production Manager, Orrin
Beasley - QA/QC Director

Food Processing Establishment

This report documents the findings and discussions resulting from today's visit. Any violations observed during an inspection of the premises are listed on the following page(s) in order of their criticality. The correction date of violations may be specified after each violation.

Comments:

The purpose of today was to conduct a routine state inspection. This firm is a hemp CBD extractor. We discussed adding a shelving or rack system in the raw hemp storage warehouse areas to keep bags of hemp off the ground and so that the warehouse is fully accessible for inspection. Also we discussed having a hand sink in close proximity to the mill for the milling of the hemp and in the isolate room for employee use.

No significant violations were noted during the visit.


The DBA for the firm was also updated to GVB Oregon.

Covid related requirements for social distancing, masks, and employee safety was discussed.

For inquiries regarding COVID-19, please visit the following website: <https://govstatus.egov.com/OR-OHA-COVID-19>
Information from the FDA regarding food safety during emergencies: www.fda.gov/food The Oregon Department of Agriculture has posted information regarding best practices and resources on our website: <https://www.oregon.gov/ODA/agriculture/Pages/COVID-19.aspx>

No signature obtained due to COVID19 protocol.

Reviewed & Received by: **[No Signator Available]**


Food Safety Specialist: Naaman Smith
503-508-0470

OREGON LIQUOR CONTROL COMMISSION

INDUSTRIAL HEMP HANDLER CERTIFICATE

THIS CERTIFICATE MUST BE DISPLAYED IN A PROMINENT PLACE ON THE PREMISES

THE PRIVILEGES AND PROHIBITIONS ASSOCIATED WITH THIS CERTIFICATE ARE LISTED IN OAR 845-025-2755.

THIS CERTIFICATE MUST BE RENEWED ANNUALLY PRIOR TO THE LISTED EXPIRATION DATE.

ISSUED TO: GVB OREGON

LOCATED AT: 212 NE NORTH ST.
GRASS VALLEY, OR 97029



CERTIFICATE HOLDER SIGNATURE

Effective: 3/15/2020 to 3/14/2021

ODA REGISTRATION # AG-R1065475IHH

CTS # 330-1065475IHH



BIOPHARMA

Vegan & Vegetarian Assurance Statement

GVB Biopharma certifies all products to be derived from ethanol or CO₂ extracted material.

Dear Valued Client,

GVB Biopharma certifies that our products **do not include** any animal ingredients or derivatives, and therefore, are suitable for vegetarian and vegan consumption. The products inclusive to this statement are:

- Crystal Resistant Distillate
- Broad Spectrum Distillate
- Ultra Broad Spectrum Distillate
- Full Spectrum Distillate
- CBG Distillate
- CBG Isolate
- CBN isolate
- CBD Isolate
- Water Soluble Liquid
- Water Soluble Powder

Attentively,

DocuSigned by:

Phillip Swindells

672F7AF608E84F0...

Phillip Swindells

CEO & Co-Founder, GVB Biopharma



Non-GMO Statement

GVB Biopharma certifies all products to be derived from ethanol or CO₂ extracted material.

Dear Valued Client,

To the knowledge of GVB Biopharma, the products our establishment manufactures are produced **without** genetically modified organisms. These products are also manufactured and housed in a facility where **no** genetically modified organisms are housed or processed. These products include the constituents of our:

- Crystal Resistant Distillate
- Broad Spectrum Distillate
- Ultra Broad Spectrum Distillate
- Full Spectrum Distillate
- CBG Distillate
- CBG Isolate
- CBN isolate
- CBD Isolate
- Water Soluble Liquid
- Water Soluble Powder

Attentively,

DocuSigned by:

Phillip Swindells

672F7AF608E84F0...

Phillip Swindells

CEO & Co-Founder, GVB Biopharma



Allergen Statement

GVB Biopharma certifies all products to be derived from ethanol or CO₂ extracted material.

Dear Valued Client,

In accordance with the Food Allergen Labeling and Consumer Protection Act, GVB Biopharma is binded to express if our products **contain** or **may contain** any “major food allergens.”

To our knowledge, the products generated by GVB Biopharma **do not contain** any of the following major food allergens:

- Dairy
- Egg
- Fish
- Crustaceans
- Tree nuts
- Peanuts
- Wheat
- Gluten
- Soybeans
- Sulfites

Attentively,

DocuSigned by:

Phillip Swindells

672F7AF608E84F0...

Phillip Swindells
CEO & Co-Founder, GVB Biopharma



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/29/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Century Ins Group LLC 572 SW Bluff Dr. Suite 100 Bend OR 97702	CONTACT NAME: Carolyn Lorimor PHONE (A/C, No, Ext): (541) 382-4211 E-MAIL ADDRESS: Carolyn@centuryins.com	FAX (A/C, No): (541) 382-7468
	INSURER(S) AFFORDING COVERAGE	
INSURED PTB Investment Holdings LLC 4456 E Craig Rd Las Vegas NV 89115	INSURER A: Admiral Insurance Company	
	INSURER B: United Financial Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** Master 19/20 **REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CA00003595801	09/11/2019	09/11/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01716247-0	01/27/2020	01/27/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired/Non-owned \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE OTH-ER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Proof of Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/19/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Century Insurance Group, LLC 572 SW Bluff Dr. Suite 100 Bend OR 97702	CONTACT NAME: Carolyn Lorimor PHONE (A/C, No, Ext): (541) 382-4211 E-MAIL ADDRESS: Carolyn@centuryins.com	FAX (A/C, No): (541) 382-7468	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Evergreen State Holdings, LLC, DBA: GVB Oregon PO Box 158 Grass Valley OR 97029	INSURER A: James River Insurance Company		NAIC # 10194
	INSURER B: Artisan & Trucker Ins. Comp.		
	INSURER C: SAIF		
	INSURER D:		
	INSURER E:		
	INSURER F:		


COVERAGES **CERTIFICATE NUMBER:** 20/21 Master **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			000805612	12/09/2019	12/09/2020	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			08262620-1	10/11/2019	10/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			00094189	07/30/2020	07/30/2021	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						AGGREGATE	\$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			877181	11/01/2019	11/01/2020	PER STATUTE	
	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		N/A				E.L. EACH ACCIDENT	\$ 500,000
A	Excess (over Auto Liability)			00094167	07/30/2020	07/30/2021	Each Occurrence	\$5,000,000
							Aggregate	\$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

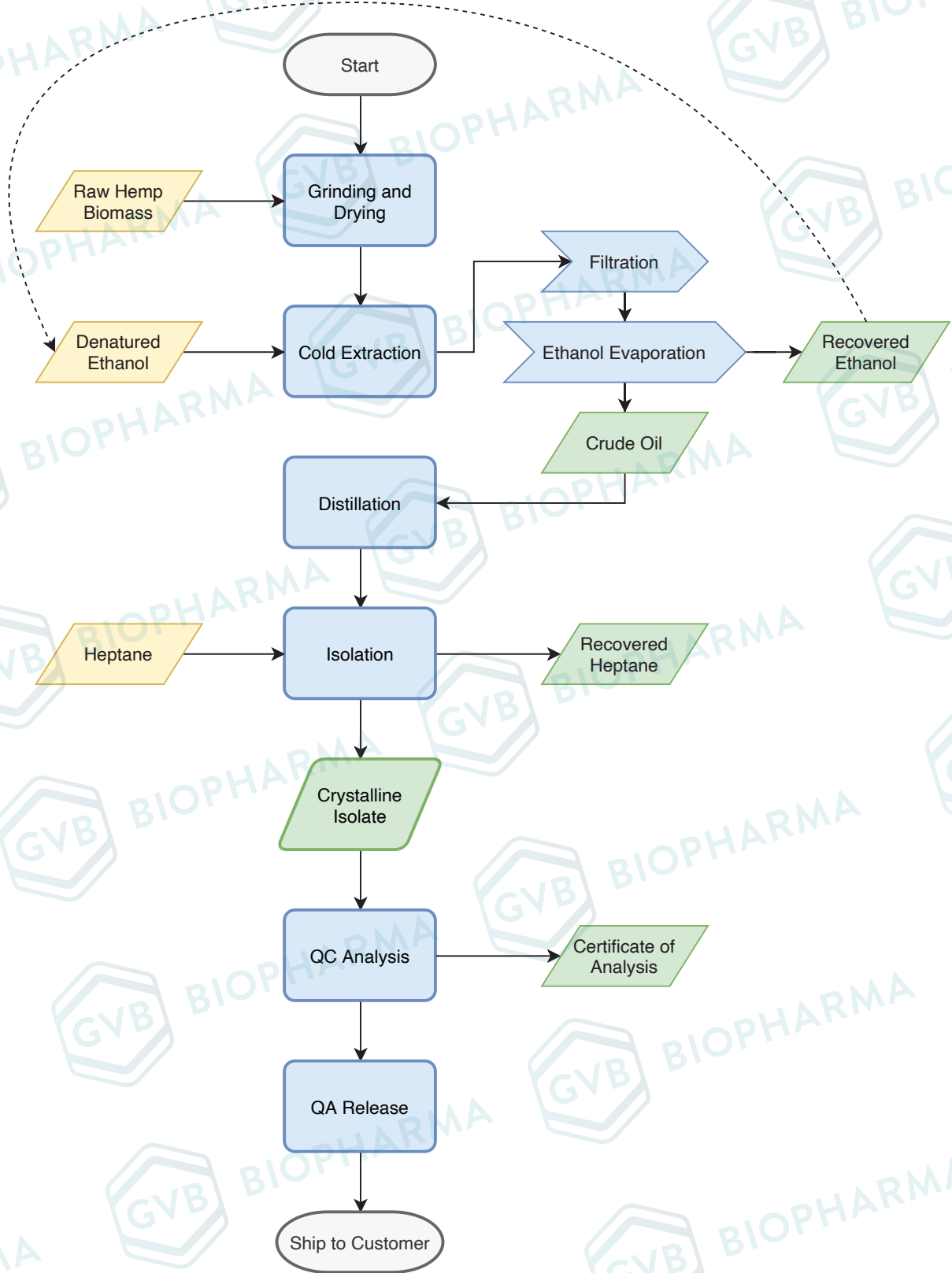
CERTIFICATE HOLDER**CANCELLATION**

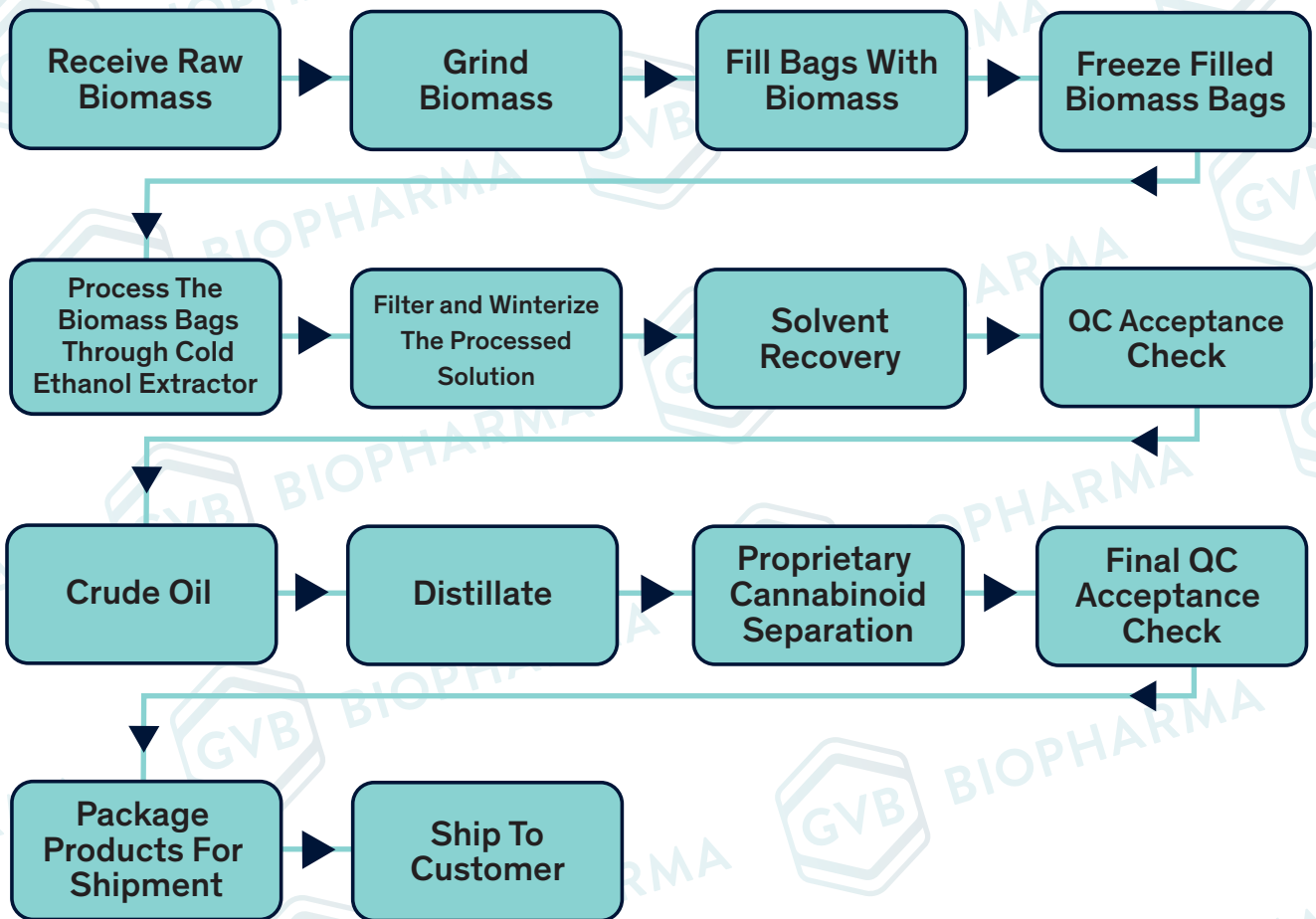
Proof of Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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Isolate Manufacturing Process Flowchart







Our Role in Responsibly Navigating COVID-19

As the novel coronavirus (**COVID-19**) continues to impact our communities, we wanted to reach out to directly to let you know what measures we are taking to help keep you, and the customers we serve safe and healthy.

The health and safety of our employees and customers we serve is our top priority as we will continue to monitor this ever-evolving situation. As a health-conscious company, we've been focused on doing our part to prevent the spread of COVID-19. GVB Biopharma is always dedicated to maintaining a high standard of sanitation while providing a high-quality product. Through this lens, GVB Biopharma will continue to make decisions based upon scientific information and following health officials and government leaders working together to stop the spread of the virus.

GVB Biopharma wanted to personally reach out to provide an update on the actions being taken in response to COVID-19. During this time, we are taking extra precautions by fortifying our hygiene program and increasing cleaning procedures throughout all areas and departments. Our company is working to reduce exposure by exploring all options such as increasing telecommuting for applicable employees or providing teleconferencing for company meetings and providing all staff with ongoing information regarding COVID-19. We ensure any individual showing signs of any illness or who may become sick are properly trained and give resources for quarantine practices based upon CDC guidelines. Our company is prepared to quickly respond to any emerging situations and prepared to modify operations with options that still allow us to serve you and your needs, while keeping materials available and ready to sell during this time.

We want to thank you for supporting GVB Biopharma as one of our customers and we intent to remain transparent and provide the latest information as our company continues to respond to COVID-19.

Jack Feldman,
GVB Biopharma President



**PUBLIC HEALTH
INVESTIGATIONS**
DENVER PUBLIC HEALTH
& ENVIRONMENT



February 21, 2020

GVB Oregon
212 NE North St.
Grass Valley, OR 97029

To Whom It May Concern:

GVB Oregon, the manufacturer of **CBD Distillate and Isolate**, has provided written information to the Public Health Investigations Division of the Denver Department of Public Health & Environment ("the Department"). The production process for the above noted product has been evaluated for shelf-stability and control for growth of *Clostridium botulinum* spores.

GVB Oregon concentrate has a decarboxylation step that serves as the control measure for *Clostridium botulinum* spores, as verified through written standard operating procedures and photographs verifying the target temperature and time is achieved. Written time and temperature logs of this heat step shall be maintained and shall be made available if requested by the Department.

GVB Oregon is approved to store the above noted concentrate and tinctures as a non-potentially hazardous foods not requiring time or temperature control. Any changes to the production process and storage of the above noted products may result in a change to this approval. Furthermore, approval may be rescinded, or conditions adjusted at any time if new information becomes available about risks of the product. Any changes to the process for making the product must be submitted in writing and approved in advance by the Department for continued approval to treat final product as a non-potentially hazardous food.

Please note that the jurisdiction of this Department applies to the City and County of Denver only, and the scope of this approval applies to GVB Oregon products sold in Denver. This Department has no direct authority over GVB Oregon's manufacturing facility in Grass Valley, OR. The Department recommends maintaining this approval available upon request, and providing a copy to Denver retail outlets where the product is sold. A second copy will be maintained on file at the Department offices.

Kind regards,

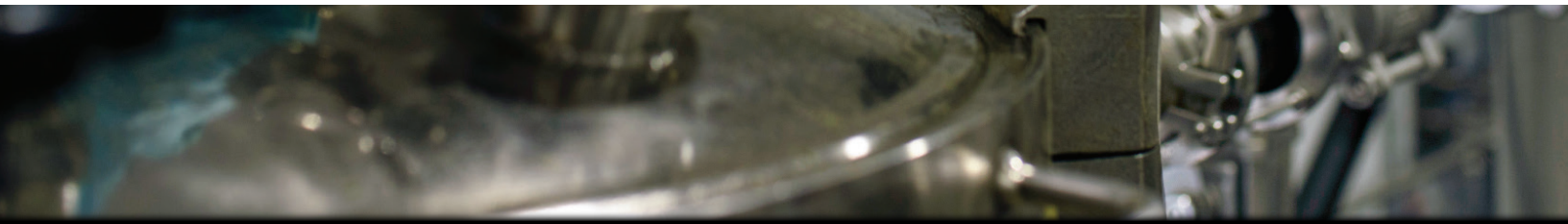
Danica Lee
Division Director

Public Health Investigations Division
101 West Colfax Avenue | Denver, CO 80204

Web: www.denvergov.org/healthinspections | Facebook: [Denver Public Health Inspections](https://www.facebook.com/DenverPublicHealthInspections) | Twitter: twitter.com/DenEnviroHealth
p. 720-913-1311 | f. 720-865-5532



BIOPHARMA



Topicals

GMP & Farm

Certificate US16/81826415

The management system of

Chemco Corporation

4920 NW 165th Street, Miami, FL 33014, United States

has been assessed and certified as meeting the requirements of

ISO 22716

**Cosmetics – Guidelines on
Good Manufacturing Practices (GMP)
(First edition 2007-11-15)**

For the following activities

Manufacture of hair care, skin care products and other cosmetic products, such as creams, lotions, shampoos, conditioners, hair straighteners, nail enamels, callous removers, and CBD topicals, massage oils, toners and makeup removers.

Further clarifications regarding the scope of this certificate and the applicability of cGMP requirements may be obtained by consulting the organization

This certificate is valid from 4 October 2019 until 4 October 2022
and remains valid subject to satisfactory surveillance audits.
Recertification audit due a minimum of 60 days before the expiration date.
Issue 2 : 4 October 2019.
Certified since 15 August 2016.
Previous certificate was valid until 15 August 2019.

Authorized by

Dan Seal

Dan Seal
Technical Accreditation Manager, Certification &
Business Enhancement North America

SGS North America, Inc.
201 Route 17 North, Rutherford, NJ 07070, USA
t (201) 508-3000 f (201) 935-4555 www.us.sgs.com

This certificate remains the property of SGS and shall be returned upon request

Page 1 of 1

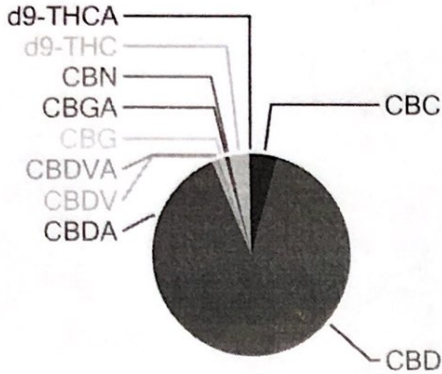
SGS



CERTIFICATE OF ANALYSIS

Sample name: Field Two
 Sample type: Aggregate 2 / Lifter
 Sample date: 1/21/2020
 Received date: 1/21/2020
 Lab Number: PAC3877

Report prepared for
 Burks Paradise LLC
 W12197 Sunny Knoll Road
 Brandon, WI 53919
 Grower License # 477339-HG
 Processor License #



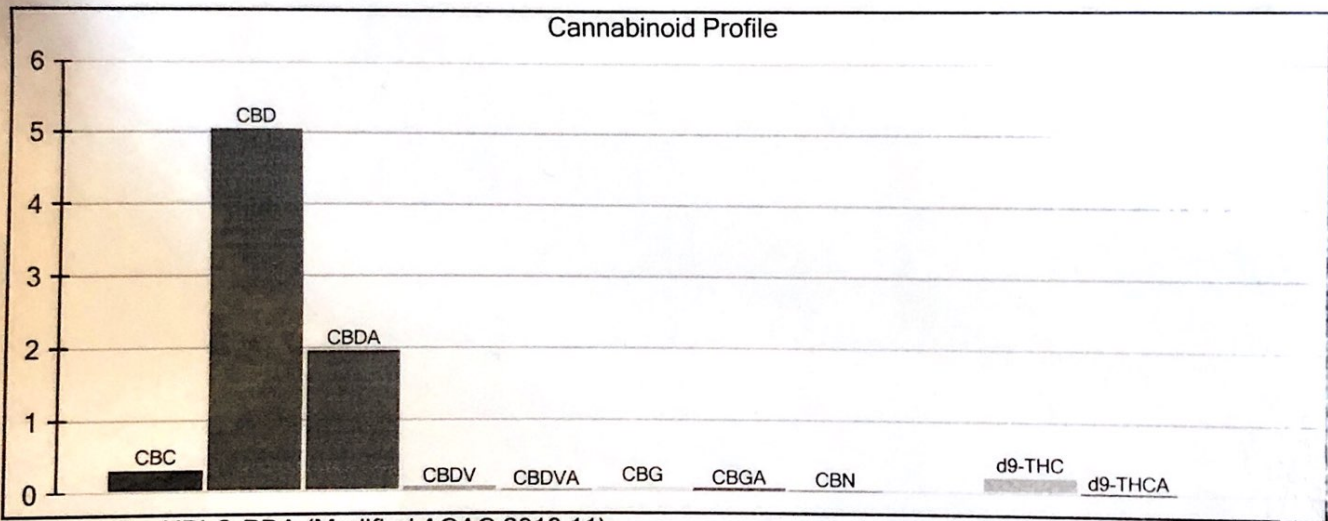
Cannabinoid	Result % DM Basis	Percent of total	LOD ¹	LOQ ²
CBC	0.339	4.3	.0150	.0501
CBD	5.083	64.7	.0125	.0418
CBG	0.078	1.0	.0068	.0227
CBN	0.019	0.2	.0084	.0278
CBDA	1.991	25.3	.0043	.0143
CBGA	0.041	0.5	.0045	.0151
CBDV	0.065	0.8	.0061	.0203
CBDVA	0.027	0.3	.0041	.0136
d9-THC	0.255	3.3	.0154	.0514
d9-THCA	0.023	0.3	.0066	.0219
d8-THC			.0299	.0995
THCV			.0203	.0676
Total	7.856			

Moisture %
7.39

Total THC*
0.2756%

Total CBD**
7.14%

CBD:THC Ratio
25.9



Analyzed by HPLC-PDA (Modified AOAC 2018.11)



PO Box 169
 Watertown, WI 53094
 License: 478792-HP

Dustin Sawyer, Director

*Total THC=d9-THC+(0.877*d9-THCA)
 **Total CBD=CBD+CBDA+CBDV

Not valid for Wisconsin DATCP
 Certificate of Commerce

¹LOD Limit of detection
²LOQ Limit of quantitation



Industrial Hemp Program

Wis. Stat. 94.55 and Wis. Admin. Code Ch. 22

Sample Results

Lab Number:	19-009551	Case #:	19-MBA-09-03-05
Sampled by:	Agnew, Mary Beth	County:	Fond du Lac
Inspector Sample #:	019		
Variety:	Lifter	Date Collected:	9/3/2019
Field/Greenhouse:	Field #2	Date Received at Lab:	9/4/2019
GPS location	N43.77351 W-88.77232	Date Approved by Lab:	9/9/2019

License Holder: License No. 477339-HG
Burk's Paradise LLC
W12197 Sunny Knoll Rd
Brandon, WI 53919-9325

Total delta 9-Tetrahydrocannabinol (THC)* **0.0** %

ARM-PI-569.docx (rev 05/19)



Wisconsin Department of Agriculture, Trade and Consumer Protection
Division of Agricultural Resource Management
PO Box 8911, Madison, WI 53708-8911
Phone: (608) 224-4501 Fax (608) 224-5775

State of Wisconsin Industrial Hemp Pilot Program

Fit for Commerce Certificate

Wis. Stat. § 94.55, Wis. Admin. Code ch. ATCP 22

The industrial hemp variety Lifter, for License Number 477339-HG, from greenhouse/field location Field #2, GPS Coordinates N43.77351 W-88.77232 has tested below 0.3% THC and is in compliance with *Wis. Stat. § 94.55 and Wis. Admin. Code ch. ATCP 22* promulgated under the authority of *Section 7606 of the Agricultural Act of 2014 (H.R. 2642; Pub.L 113-79, also known as the 2014 U.S. Farm Bill)*.

Wis. Admin Code §§ ATCP 22.12 and 22.13 require a copy of this certificate to accompany the industrial hemp specified above to all licensed industrial hemp processors with whom the licensed industrial hemp grower does business. A licensed grower or licensed processor transporting industrial hemp must have the following in its possession:

- A copy of its grower license or processor license.
- A fit for commerce certificate as required under *ATCP 22.12*

BY:  DATE: 9/10/2019

*Note: Total delta 9-THC = THC + (0.877*THCA), where 0.877 is the ratio of molecular weights of THC to THCA

All results are reported on a dry weight basis



Wisconsin Department of Agriculture, Trade and Consumer Protection

2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911

License Number: 477339-HG

Expires: December 31, 2019

Statute: 94.55

Industrial Hemp Grower

Legal Name:

Burk's Paradise LLC

W12197 Sunny Knoll Rd Brandon WI 53919-9325 Doing Business As:
Burk's Paradise LLC

License Operation Manager: Dennis Burk
Business County: Fond du Lac County

In order to grow industrial hemp in Wisconsin, you are required to maintain, in good standing, an Industrial Hemp Grower license issued under Wis. Stat. 94.55 and Wis. Admin. Code ch. 22 and complete an Annual Registration for each growing season.

This document represents both your one-time hemp grower license as well as your annual hemp grower registration. Your one-time license does not expire, while your hemp grower registration expires on the expiration date shown above.