

SILVER SHADOW LLC

# COMPLIANCE PACKET

2022 V1.0.6



QUALITY MANAGEMENT COMPLIANCE  
DOCUMENTATION PACKAGE  
CERTIFICATIONS AND REPRESENTATIONS





**Silver Shadow was founded by a team of dedicated, skilled, and health minded individuals. While many companies claim to be manufacturers, Silver Shadow is more than just a reseller. We manufacture over 350 premium products, in house, and have been since 2015.**

**Silver Shadow takes pride in offering the highest quality products at competitive rates. Our team has helped hundreds of businesses take their brand to the next level, with quality products, package and brand development, and years of experience to help navigate the tricky waters of launching a new product.**

**Silver Shadow LLC  
9587 s 500 w  
Sandy, UT 84070**

**<https://silvershadowventures.llc>**

**[Sales@SilverShadowCBD.com](mailto:Sales@SilverShadowCBD.com)**

**855-740-6847**



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Date

09/10/2021 9:51:58

Created Date

2018-04-10 23:01:22.0

Registration Expiration Date

2022-12-31

Last Updated

2020-10-05

Registration Status

VALID

Registration Status Reason

Pending UFI Confirmation

Created by

sil4\*\*\*\*

Registration Renewed Date

2020-10-05

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

☒ Yes ☐ No

## Section 1: Type of Registration

Facility Location : Domestic Registration

UPDATE OF REGISTRATION INFORMATION: *Registration Number: 12433096964* Pin

No \*\*\*\*\*

Are you the new owner of a previously registered facility?

☐ Yes ☒ No

Previous Owner's Title:

Previous Owner's Name :

Previous Owner's Registration Number :

## Section 2: Facility Name/Address Information

Facility Name

**Silver Shadow Ventures**

Facility Name Suffix

**Limited Liability Corporation**

Facility Street Address, Line 1

**9587 S 500 W**

Facility Street Address, Line 2

City

**Sandy**

State/Province/Territory

**Utah**

Zip/Postal Code

**84070-2529**

Country/Area

**UNITED STATES**

Telephone Number

**001 801 2440372**

Fax Number

E-Mail Address

**silvershadowmarketings@gmail.com**

Unique Facility Identifier (UFI)

**108972168**

## Section 3: Preferred Mailing Address Information

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

Is the preferred mailing address the same as the facility address (Section 2)? **Yes**

Name

**Silver Shadow Ventures**

Address, Line 1

**9587 S 500 W**

Address, Line 2

City

**Sandy**

State/Province/Territory

**Utah**

Zip Code (Postal Code)

**84070**

Country/Area

**UNITED STATES**

Telephone Number

**001 801 2440372**

Fax Number

E-Mail Address

**silvershadowmarketings@gmail.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:

- ☐ Same as Facility Address (Section 2)
- ☒ Same as Preferred Mailing Address (Section 3)
- ☐ None of the above

Company Name

**Silver Shadow Ventures**

Company Name Suffix

**Limited Liability Corporation**

Address, Line 1

**9587 S 500 W**

Address, Line 2

City

**Sandy**

State/Province/Territory

**Utah**

Zip Code (Postal Code)

**84070**

Country/Area

**UNITED STATES**

Telephone Number

**001 801 2440372**

Fax Number

E-Mail Address

**silvershadowmarketings@gmail.com**

## Section 5: Facility Emergency Contact Information

If information is the same as another section, check which section:

- ☒ Same as Facility Address (Section 2)  
☐ None of the above

Individual's Title *(Optional)*

Individual's Name *(Optional)*

Individual's Middle Name *(Optional)*

Individual's Last Name *(Optional)*

Emergency Contact Phone

**001 801 2440372**

E-mail Address

**silvershadowmarketings@gmail.com**

Job Title *(Optional)*

## 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"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information**?

- ☒ Yes ☐ No

Alternate Trade Name #1 : **Mountain West Labs**

Alternate Trade Name #2 : **Silver Shadow CBD**

Alternate Trade Name #3 : **SS Nutra**

## 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

**-N/A-**

Middle Name *(Optional)*

**-N/A-**

Last Name *(Optional)*

**-N/A-**

Title *(Optional)*

**-N/A-**

Address, Line 1

**-N/A-**

Address, Line 2

**-N/A-**

City

**-N/A-**

State/Province/Territory

**-N/A-**

Zip Code (Postal Code)

**-N/A-**

Country/Area

**-N/A-**

Emergency Contact Phone

**-N/A-**

Fax Number

**-N/A-**

E-Mail 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 *(Optional)*.

Harvest 1

Start Month

Harvest 2

Start Month



## Section 9: General Product Categories - Human/Animal/Both

- ☒ Food for Human Consumption
- ☒ Food for Animal Consumption

### Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility

Selected Product Name	Selected Activity Types
8. CHOCOLATE AND COCOA PRODUCTS[21 CFR 170.3 (n) (3), (9), (38), (43)]	Labeler / Relabeler; Packer / Repacker;
9. COFFEE AND TEA[21 CFR 170.3 (n) (3), (7)]	Labeler / Relabeler; Manufacturer / Processor;
12. DIETARY SUPPLEMENT CATEGORIES	
• b. Vitamins and Minerals	Labeler / Relabeler; Manufacturer / Processor;
• d. Herbals and Botanicals	Labeler / Relabeler; Manufacturer / Processor;
15. FOOD ADDITIVES, GENERALLY RECOGNIZED AS SAFE (GRAS) INGREDIENTS, OR OTHER INGREDIENTS USED FOR PROCESSING[21 CFR 170.3 (n) (42); 21 CFR 170.3 (o) (1), (2), (3), (5), (6), (7), (8), (9), (10), (11), (12), (13), (14), (15), (16), (17), (18), (19), (22), (23), (24), (25), (26), (27), (28), (29), (30), (31), (32)]	Labeler / Relabeler; Manufacturer / Processor;

### Section 9b: General Product Categories - Food for Animal Consumption; and Type of Activity Conducted at the Facility

Selected Product Name	Selected Activity Types
31. PET TREATS OR PET CHEWS	Animal food manufacturer / Processor; Packer / Repacker; Labeler / Relabeler;
32. PET NUTRITIONAL SUPPLEMENTS (E.G., VITAMINS, MINERALS)	Animal food manufacturer / Processor; Packer / Repacker; Labeler / Relabeler;

## 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:

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

- ☒ Section 2 - Facility Address Information
- ☐ Section 3 - Preferred Mailing Address Information
- ☐ Section 4 - Parent Company Address Information
- ☐ Section 7 - U.S. Agent Address Information
- ☐ None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge : Marc Normandeau

Address, Line 1

**9587 S 500 W**

Address, Line 2

City

**Sandy**

State/Province/Territory

**Utah**

Zip Code (Postal Code)

**84070**

Country/Area

**UNITED STATES**

Telephone Number

**001 801 2440372**

Fax Number

E-Mail Address

**silvershadowmarketings@gmail.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. By submitting this 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 PERSON SUBMITTING THIS REGISTRATION FORM:** marc normandeu

**CHECK ONE BOX**

- ☒ A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)
- ☐ B. ANOTHER AUTHORIZED INDIVIDUAL

**Address Information for the Authorizing Individual:**

Individual's Name

-N/A-

Address, Line 1

-N/A-

Address, Line 2

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-



Year: 2022

**STATE OF UTAH**  
**DEPARTMENT OF AGRICULTURE AND FOOD**

Certificate No: 137755

P.O. Box 146500 Salt Lake City UT 84114-6500 <http://ag.utah.gov> Phone: 801-538-7100

**CERTIFICATE OF REGISTRATION FOR**  
**Food Establishment**

**SILVER SHADOW VENTURES LLC**  
**9587 S 500 W**  
**SANDY UT 84070**



Category: MEDIUM

Registration Expires: 12/31/2022

YEAR: 2022

**STATE OF UTAH**  
**DEPARTMENT OF AGRICULTURE AND FOOD**

No: 8002-20288

P.O. Box 146500 Salt Lake City UT 84114-6500 <http://ag.utah.gov> Phone: 801-538-7100

**INDUSTRIAL HEMP - PROCESSOR**  
**LICENSE**

**SILVER SHADOW VENTURES LLC**



**9587 S 500 W**  
**SANDY UT 84070**

Expiration: 12/31/2022

MUST BE POSTED IN A CONSPICUOUS PLACE OR CARRIED ON PERSON AND TO BE PRESENTED UPON DEMAND

IT IS A CRIMINAL OFFENSE TO ALTER THIS DOCUMENT

## Sandy City Business License Certificate

STATE OF UTAH

SILVER SHADOW VENTURES LLC

License Number: 152749

Type of Business: Commercial

Business Location: 9587 S 500 W  
SANDY UT 84070

Applicant(s): MARC NORMANDEAU  
ALLEN SMITH

Nature of Business: SUPPLEMENT MANUFACTURER

Number of Empl: 3

State License:

Expires On: 12/31/22

MAYOR:



LICENSE OFFICIAL:



SEAL

THIS LICENSE IS INVALID WITHOUT AN OFFICIAL CITY SEAL AND IS NOT TRANSFERABLE TO ANY OTHER LOCATION OR TO ANY OTHER ENTITY

## Certification of Naturally Derived Products

9/1/2021

Silver Shadow Ventures, LLC certifies and attests that the following products are produced from naturally derived hemp and are non-synthetic: Full Spectrum Distillate, THC-Free Broad Spectrum Distillate (BSD), THC-Free Crystal Resistant Distillate (CRD), CBD Isolate, Water Dispersible Powder CBD, Water Soluble Liquid, THC-Free CBG Distillate, CBG Isolate, THC-Free Ultra Broad Spectrum Distillate, THC-Free Crude Oil, and CBD and CBG Biomass. GVB Oregon's vertically integrated business allows it to manage all processes related to the manufacturing of the foregoing products allowing Silver Shadow to be certain that all components used in the manufacturing process are naturally derived.

Marc Normandeau

CEO & Founder, Silver Shadow Ventures, LLC



## Certification of Origin

9/1/2021

Silver Shadow Ventures, LLC certified and arms that the following products are all manufactured in Oregon from hemp that was grown in states with USDA approved hemp production programs Full Spectrum Distillate, THC-Free Broad Spectrum Distillate (BSD), THC-Free Crystal Resistant Distillate (CRD), CBD Isolate, Water Dispersible Powder CBD, Water Soluble Liquid, THC-Free CBG Distillate, CBG Isolate, THC-Free Ultra Broad Spectrum Distillate, CBN Isolate, THC-Free Crude Oil, and CBD and CBG Biomass. All aforementioned products originated within the United States and states with approved hemp production programs.

Marc Normandeau

CEO & Founder, Silver Shadow Ventures, LLC

Client#: 27996

SILVERSHA

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

06/28/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Moreton &amp; Company - Utah</b> <b>P.O. Box 58139</b> <b>Salt Lake City, UT 84158-0139</b> <b>801 531-1234</b>		<b>CONTACT NAME:</b> Sarah Anderson-Ivie <b>PHONE (A/C, No, Ext):</b> 801 531-1234 <b>FAX (A/C, No):</b> 801-531-6117 <b>E-MAIL ADDRESS:</b> scanderson@moreton.com	
		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A :</b> Lloyds of London	<b>NAIC #</b> <b>INSURER B :</b> WCF Mutual Insurance Company <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>
<b>INSURED</b> <b>Silver Shadow Ventures, LLC</b> <b>9587 S 500 W</b> <b>Sandy, UT 84070</b>		<b>10033</b>	

**COVERAGES****CERTIFICATE NUMBER:****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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>BI/PD Ded:2,500</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>B0507LF2200412</b>	<b>07/03/2022</b>	<b>07/03/2023</b>	EACH OCCURRENCE \$ <b>2,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>2,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			<b>4019503</b>	<b>07/01/2022</b>	<b>07/01/2023</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

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

**Amazon.com Services LLC and its affiliates and assignees are included as additional insured with respects to general liability when required by written contract.**

**CERTIFICATE HOLDER****CANCELLATION**

<b>Amazon.com Services LLC and its affiliates and assignees</b> <b>PO Box 81226</b> <b>Seattle, WA 98108-1226</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> 
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ACORD 25 (2016/03) 1 of 1 The ACORD name and logo are registered marks of ACORD  
 #S1623276/M1623274

SARAN

**INSURANCE****13**



# SGS

Certificate CN16/10356  
External Certificate F01FSMS1600288

The management system of

## Shandong Pharmaceutical Glass Co., Ltd.

Yiyuan County, Zibo City, Shandong Province, P.R. China

has been assessed and certified as meeting the requirements of

### ISO 22000:2005



For the following activities

**Manufacture of glass containers for food packaging [I4-Glass]**

This certificate is valid from 25 September 2016 until 24 September 2019  
and remains valid subject to satisfactory surveillance audits.

Re certification audit due before 09 August 2019

Issue 1. Certified since 25 September 2016

Authorised by



SGS United Kingdom Ltd  
Rossmore Business Park, Ellesmere Port, Cheshire, CH65 3EN, UK  
t +44 (0)151 350-6666 f +44 (0)151 350-6600 www.sgs.com

SGS 22000 01 0714

Page 1 of 1



This document is issued by the Company subject to its General Conditions of Certification Services available at [www.sgs.com/terms\\_and\\_conditions.htm](http://www.sgs.com/terms_and_conditions.htm). Attention is drawn to the limitations of liability, indemnification and jurisdictional issues established therein. The authenticity of this document may be verified at <http://www.sgs.com/en/OurCompany/CertifiedClients/Directory/Certified-Client-Directory.aspx>. Any unauthorised alteration, forgery or falsification of the content or appearance of this document is unlawful and offenders may be prosecuted to the fullest extent of the law.



## Letter of Guarantee for Food Safety

This letter is to guarantee that all of Wolfgang Technology Co., Ltd. products satisfies the requirements for food grade certification. All layers of materials used including plastic, glass, rubber, and inner/outer linings are free of fungicide, preservatives, fumigants and plasticizers. This letter also certifies that BPA (Bisphenol A) and DEHA (Bis(2-ethylhexyl) adipate) are not present in any of the materials used in manufacturing.

All packaging materials being used are safe for direct contact with food. A final inspection by our Quality Assurance Team ensures that maximum precautions are taken to ensure integrity of all the products we supply to our customers. This ensures our products are always in a clean and uncontaminated condition.

Our manufacturing procedures are certified and accredited in accordance to GMP Standards, ISO 8311, and ASTM.

Xiuping Liu (Quality Director)

Corporate Headquarters  
1950 S Carlos Ave  
Ontario, CA 91761  
Phone: 951-848-7680 | [cs@fhpkg.com](mailto:cs@fhpkg.com)

## Non-GMO Statement

9/1/2021

Silver Shadow certifies all products to be derived from ethanol or CO extracted material.

Dear Valued Client,

To the knowledge of Silver Shadow, the products our establishment manufactures are produced without genetically modified organisms. These products are also manufactured and

housed in a facility where no gene call 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 Dis
- CBG Distillate
- CBG Isolate
- CBN isolate
- CBD Isolate
- Water Soluble Liquid
- Water Soluble Powder

Marc Normandeau

CEO | Founder

Silver Shadow Ventures, LLC



## 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:

**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

A handwritten signature in black ink, appearing to read "Susan R. R. R.", is written over a horizontal line.

## Our Partner Extract Labs and Farm

Our Lab sources our raw CBD Isolate, BSO from a farm in Rufus Oregon and are USDA Organic Certified. Our extraction lab for the raw materials is USDA Organic, CCOF Certified Organic, NSF, Kosher, ISO 9001, cGMP. Certified to the USDA Organic regulations, 7 CFR Part 205. Certified by Oregon Dept of Agriculture since 2015



Extraction Methods:

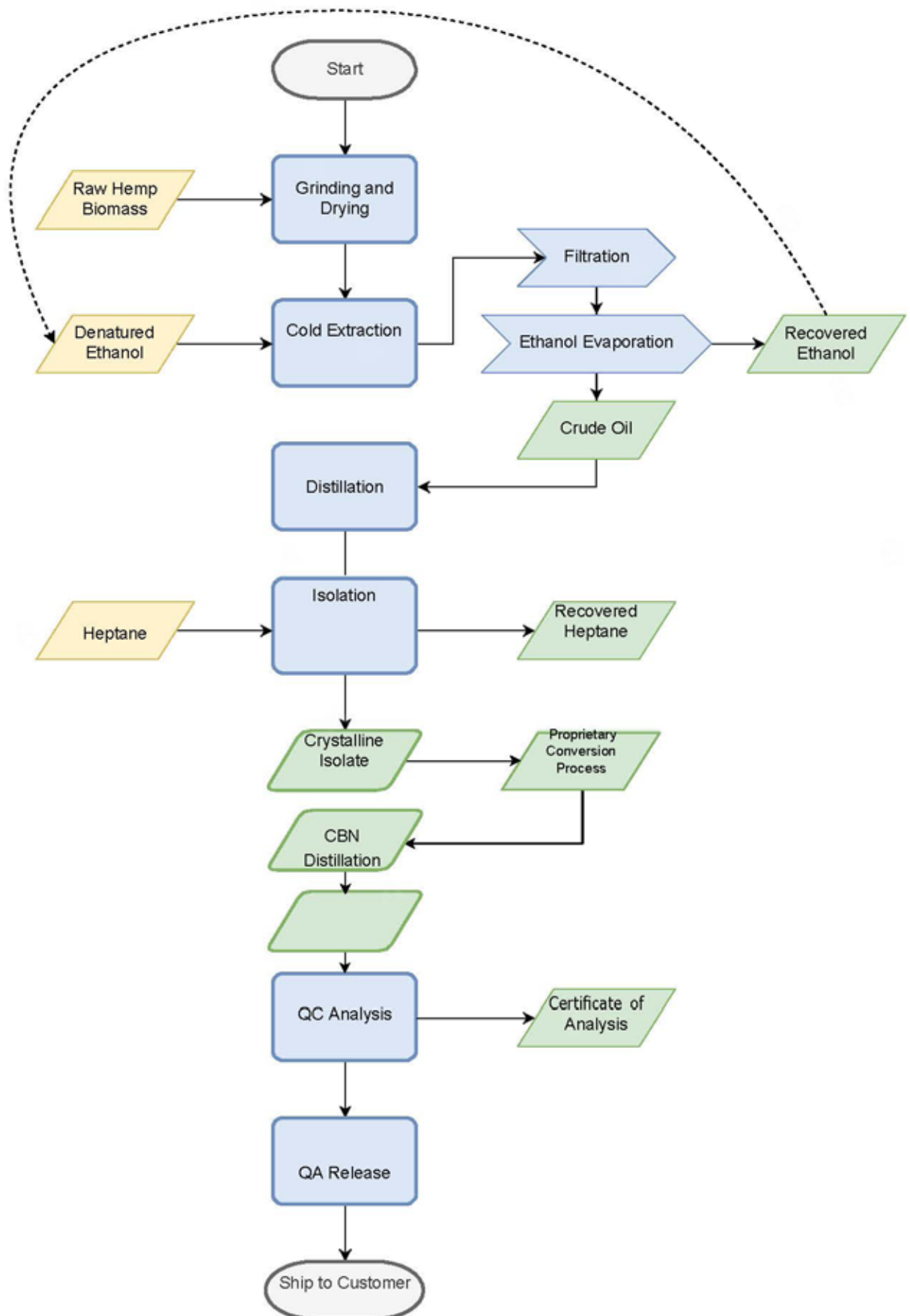
Isolate: Ethanol

FSO: Ethanol

BSO: Ethanol



# CBD|CBN|CBG Isolate Manufacturing Process Flowchart



## Distillate Process Flow Diagram

