

Preferred Supplier Data Sheet (PSDS) for Raw Material Suppliers and Contract Manufacturers



All Raw Material Suppliers and Contract Manufacturers must provide the information requested in this form as part of the qualification procedure for acceptance as a Preferred Supplier by NASC. Any fields not applicable to your company should be completed by entering N/A.

Please return copies of the completed form(s) and requested certifications electronically to Bill Parker at <u>b.parker@nasc.cc</u> or mail to:

NASC PO Box 5168 Sun City West, AZ 85376

This information will be posted in the Members Section of the NASC Web Site for companies to download for use in qualifying and accepting the supplier.

Questions: contact Bill Parker at the NASC office (760-751-3360 X105)

| SECTION 1: SITE OVERVIEW | | | | |
|---|--|--|-----------|------|
| NAME AND ADDRESS OF COMPANY OR SITE RESPONSIBLE: | Materia 610 S Lipan ST Denver CO 80223 | | | |
| | Key Manufacturing partner: Rocky Mountain Extraction Services, LLC 861 Automation Dr. Windsor, CO 80550 | | | |
| WEB SITE: | www.materiar | egenerative.com | | |
| CONTACT PERSON | Drew Recchia | | | |
| TELEPHONE NUMBER: | 9738561306 | 9738561306 | | |
| E-MAIL: | drew@materiaregenerative.com | | | |
| | | | | |
| BUSINESS DESCRIPTION / SITE D | ETAILS: | | - | |
| FACILITY SIZE / # EMPLOYEES: | 3 | | DATE EST: | 2020 |
| GENERAL AND PRODUCT | \$1,000,000 | | UNION: | N/A |
| LIABILITY INSURANCE LEVELS: | | T | | |
| SPECIFY TYPE(S) OF INGREDIENT(S), MANUFACTURING CAPABILITIES, PRODUCTS PRODUCED/SUPPLIED BY THE SITE, SERVICES AND THEIR INTENDED APPLICATIONS: | | Capabilities: We manufacture and supply regeneratively produced Certified organic solventless extracts, and functional ingredients. We can do custom blends for brands working with contract manufacturers to streamline fulfillment and we offer supply change management services by managing the sourcing, manufacturing, and delivery of finished goods to brand. Products Produced/Supplied: Organic Hemp Distillate: Full Spectrum, Organic Hemp Distillate: Non-Detect/Broad Spectrum, Organic Hemp Extract: Full Spectrum, 4% Blend CBD (Organic Hemp Extract), MCT Infused with Full Spectrum Hemp Oil - 9% | | |
| SITE ACTIVITIES CONDUCTED: | | Distribution & Storage: 610 S Lipan St Denver CO 80223 Manufacturing, packaging, & Fulfillment: 861 Automation Dr. Windsor, CO 80550 | | |
| ORGANIZATIONAL CHART: | | Director of Sales: Henry Strazza – CEO – Evan Potter – Director of Operations – Drew Recchia | | |

| SECTION 2: EVIDENCE OF COMPLIANCE | | | |
|--|--|---|--|
| INDEPENDENT QUALITY CERTIFICATIONS: | Certified Organic and GMP Food Safety Certified IF YES, SPECIFY: | | |
| | QUALITY MANAGEMENT SYSTEM STANDARD: | i ood chain ib i denity offit and i ood | |





| MIMAL SUFFLUE | | MAL SUFFLUE |
|--|---|---|
| | APPROVAL CERTIFICATES: | FoodChain ID Facility GMP and Food |
| | | Safety Audit |
| | NUMBER AND NAME OF REGISTRAR WHO PROVIDED CERTIFICATE OF APPROVAL: | FoodChain ID |
| OTHER CERTIFICATIONS OR EXTERNAL AUDIT PROGRAMS: | Certified Organci by Procert CDPHE | |
| WEB SITE: | https://materiaregenerative.com/ | |
| DATE OF LAST FDA OR STATE AGENCY CGMP INSPECTION AND OUTCOME (PROVIDE COPY OF REPORT OF OBSERVATIONS FROM LAST FDA OR STATE INSPECTION): | | January 20 th 2023 With an approval status grade Excellent |
| INSPECTION): | | Excellent |





| SECTION 3: RAW MATERIAL SUPPLIERS & CONTRACT MANUFACTURERS ONLY | |
|--|--|
| DO YOU HAVE Q/C RELEASE REQUIREMENTS | Yes |
| FOR ALL SHIPMENTS WHEN THEY ARRIVE: (YES / NO) | 100 |
| DO YOU SAMPLE EVERY LOT OF RAW MATERIALS RECEIVED: (YES / NO) | Yes |
| DO YOU RE-PACK LARGE QUANTITIES INTO SMALLER QUANTITIES AT YOUR FACILITY: | No |
| (YES / NO) | |
| DO YOU SAMPLE EVERY LOT: (YES / NO) | Yes |
| DO YOU PERFORM ANY BLENDING AT YOUR FACILITY (YES / NO) | No |
| | |
| LIST ALL INGREDIENTS HELD AT YOUR FACILITY (ATTACH A LIST/DOCUMENT IF AVAILA | BLE: (YES / NO) |
| PHARMACEUTICAL: | |
| NUTRITIONAL: | |
| BOTANICAL: | Hemp Extracts and Distillates |
| MINERAL: | Organic MCT |
| ENZYME: | |
| HORMONE: | |
| PROBIOTIC: | |
| CHEMICAL (OTHER): | |
| | |
| METHODS CONDUCTED IN FACILITY: (YES / NO) | |
| DO YOU USE AN IN-HOUSE LOT NUMBERING SYSTEM? | Yes |
| DO YOU EVER MIX MULTIPLE LOTS OF THE SAME INGREDIENT WHEN YOU BLEND? | No |
| | |
| TESTING INFORMATION: *IF YOU RELY ON BOTH IN-HOUSE AND OUTSIDE CONTRACT LABS, PLEASE FILL OUT BC | |
| DOES THIS FACILITY RELY ON AN IN-HOUSE LAB? (YES / NO) | No |
| IN-HOUSE TESTS PERFORMED: (YES / NO) | Yes |
| POTENCY ASSAY OF RAW MATERIALS? (YES / NO) | Yes |
| RAW MATERIAL ASSAY OF RAW MATERIALS? (TES / NO) | |
| MICROBIAL? (YES / NO – IF YES SPECIFY) | Yes |
| | Yes |
| pH? (YES / NO) | |
| | No |
| ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY) HEAVY METALS? (YES / NO – IF YES SPECIFY) | Yes Yes |
| | |
| | Mycotoxin, Residual Solvents |
| IF YOU HAVE AN IN-HOUSE LAB PLEASE SPECIFY WHICH LAB ACCREDITATION ORGANIZATION(S) YOU ARE AFFILIATED WITH: | Only certain potency tests are done inhouse to ensure |
| LAD AGGNEDITATION ONGANIZATION(S) TOO ARE AFFILIATED WITH. | accurate blending. |
| L | accurate plenuing. |





| OUTSIDE CONTRACT LABS USED | | | |
|---|---|--|--|
| PLEASE LIST YOUR MOST FREQUENTLY USED CONTRACT LABS AND THEIR ACCREDITATION STATUS: (e.g., ISO, FDA, USDA, AOAC, USP, NSF, NPA, A2LA, ANSI, ETC.) *PLEASE PROVIDE ACCREDITATION NUMBER* | | | |
| | | | |
| NAME OF LAB #1: | SC Labs | | |
| ADDRESS / LOCATION: | 1301 S Jason St Unit J, Denver, CO 80223 | | |
| | | | |
| CONTACT NAME / PHONE NUMBER: | Josh – 888-800-8223 | | |
| LIST ANY CERTIFICATIONS FOR THE LAB: | ISO17025:2017 Accreditation | | |
| | ORELAP Accreditation | | |
| | ASTM Accredited | | |
| | National Animal Supplement Council | | |
| | Leafly Certified Labs Program Other local and state level accreditations | | |
| | | | |
| TESTING PERFORMED BY THE OUTSIDE LAB: | | | |
| POTENCY ASSAY OF RAW MATERIALS? (YES / NO) | Yes | | |
| RAW MATERIAL ASSAY? (YES / NO) | Yes | | |
| MICROBIAL? (YES / NO – IF YES SPECIFY) | Yes – Colorado DPHE Certified Microbial analysis | | |
| pH? (YES / NO) | No | | |
| MOISTURE? (YES / NO) | No | | |
| ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY) | Yes | | |
| HEAVY METALS? (YES / NO – IF YES SPECIFY) | Yes Mustaine and Desidual askarts | | |
| OTHER? (YES / NO – IF YES SPECIFY) | Mycotoxins, and Residual solvents. | | |
| NAME OF LAB #2: | | | |
| ADDRESS / LOCATION: | | | |
| | | | |
| CONTACT NAME / PHONE NUMBER: | | | |
| LIST ANY CERTIFICATIONS FOR THE LAB: | | | |
| TESTING PERFORMED BY THE OUTSIDE LAB: | | | |
| POTENCY ASSAY OF RAW MATERIALS? (YES / NO) | | | |
| RAW MATERIAL ASSAY? (YES / NO) | | | |
| MICROBIAL? (YES / NO – IF YES SPECIFY) | | | |
| pH? (YES / NO) | | | |
| MOISTURE? (YES / NO) | | | |
| ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY) | | | |
| HEAVY METALS? (YES / NO – IF YES SPECIFY) | | | |
| OTHER? (YES / NO – IF YES SPECIFY) | | | |
| | | | |
| NAME OF LAB #3: | | | |
| ADDRESS / LOCATION: | | | |
| CONTACT NAME / PHONE NUMBER: | | | |
| LIST ANY CERTIFICATIONS FOR THE LAB: | | | |
| TESTING PERFORMED BY THE OUTSIDE LAB: | | | |
| POTENCY ASSAY OF RAW MATERIALS? (YES / NO) | | | |
| RAW MATERIAL ASSAY? (YES / NO) | | | |
| MICROBIAL? (YES / NO – IF YES SPECIFY) | | | |
| pH? (YES / NO) | | | |
| MOISTURE? (YES / NO) | | | |





| ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY) | |
|---|--|
| HEAVY METALS? (YES / NO – IF YES SPECIFY) | |
| OTHER? (YES / NO – IF YES SPECIFY) | |





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SECTION 4: CGMP COMPLIANCE DETAILS

PROVIDE A BRIEF SUMMARY OF HOW THE SUPPLIER COMPLIES WITH EACH APPLICABLE ELEMENT OF THE CURRENT GMP GUIDELINES. NON-APPLICABLE ELEMENTS SHOULD BE NOTED AS SUCH.

IS FACILITY ISO CERTIFIED? YES / NO: IF YES SPECIFY THE ISO STANDARD AND ATTACH CURRENT CERTIFICATE. LIST AND ATTACH ANY OTHER CERTIFICATIONS OR

EXTERNAL AUDIT PROGRAMS (E.G., NSF, USP, NPA, ISO, ETC.):

SPECIFY MOST RECENT FACILITY INSPECTIONS BY STATE, FEDERAL, OR FOREIGN AGENCY (DATE OF INSPECTION, AND RESULTS OF THE INSPECTION SPECIFY AGENCY):

| DATE | INSPECTION AGENCY | RESULTS OF THE INSPECTION |
|-----------------|-------------------|---------------------------|
| January 20 2023 | Foodchain ID | Excellent |
| | | |
| | | |
| | | |
| | | |
| | | |

| SECTION 5: ADDITIONAL INFORMATION | |
|---|---|
| Hazard Plan (HACCP) / DATE IMPLEMENTED: | Yes |
| STATISTICAL PROCESS CONTROL/PROCESS | Yes |
| ANALYTICAL CONTROL: | |
| CORPORATE BIOTERRORISM ACT | Yes |
| COMPLIANCE: | |
| DESCRIBE ALL MEASURES TAKEN BY | Facility has multiple SOP for employee education to quality control measures that |
| FACILITY TO ENSURE PRODUCT QUALITY | work to ensure product quality and safety. |
| AND PRODUCT CONTAMINATION | |
| PREVENTION. | |
| MEMBERSHIP IN INDUSTRY TRADE GROUPS: | |
| | |

| SECTION 6: CONTRACT MANUFACTURERS | |
|---|---|
| HOW DO YOU GUARANTEE BANNED SUBSTANCES (STIMULANTS, | Yes |
| NARCOTICS, STEROIDS, DIURETICS, BETA-2-AGONISTS, BETA | |
| BLOCKERS, MASKING AGENTS, OR SIMILAR SUBSTANCES) | |
| ARE NOT PRESENT IN YOUR INGREDIENTS? | |
| HOW DO YOU QUALIFY AN INGREDIENT MANUFACTURER? | We only use one manufacturer and ensure they meet all standard for quality control and product quality. |

| SECTION 7: AUTHENTICITY OF INFORMATION & CONTACT INFORMATION | | | | |
|--|--|-----------|------|--|
| COMPANY NAME: | Materia | | | |
| CONTACT NAME: | Drew Recchia TITLE: Partner & Director of Operations | | | |
| E-MAIL ADDRESS: | drew@materiaregenerative.com | | | |
| BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION GIVEN BY ME TO THE NATIONAL ANIMAL SUPPLEMENT COUNCIL (NASC), | | | | |
| INC. IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF THE INFORMATION PROVIDED | | | | |
| IS NOT THOROUGH AND COMPLETE, NASC WILL REJECT THE FORM AND RESUBMISSION OF THE FORM WILL BE REQUIRED. | | | | |
| | | 1/22/2024 | | |
| D | rew Recchia | | | |
| | SIGNATURE | | DATE | |