Alliance Analytical Laboratories, Inc.

179 West Randall Street
Coopersville, MI 49404
Phone: (616) 837-7670
Fax: (616) 837-7701

TEST RESULTS REPORT

Test methods marked with ^ are accredited under the laboratory's ISO/IEC 17025:2017 accreditation issued by ANSI National Accreditation Board. Refer to certificate and scope of accreditation AT-2044

CUSTOMER Kats Botanicals - Grey
750 Hickory Industrial Dr
Old Hickory TN 37138,
Phone: 203-671-0370
Email: mike@katsbotanicals.com;

SAMPLE DESCRIPTION Kratom Powder Lot KB-SG-35 125107P
KB Grey



SAMPLE DATE

DATE RECEIVED 4/24/2025

REFERENCE NUMBER 2029941: 2522944 **Customer PO** Grey

TEMPERATURE AT RECEIVING

Test Requested	Test Method		Results	Ref Number	Start Date
Kratom P3					
7 Hydroxymitragynine	Analyst: 55		<0.01 %	20152:27	4/28 11:02 AM
Mitragynine	Analyst: 55		1.72 %	20152:27	4/28 11:02 AM
Aerobic Plate Count	^Bam Ch 3 Analyst: 57	Log: 2.0	100 cfu/g		4/24 5:39 PM
Coliform	^AOAC 991.14 Analyst: 57	Log: <2.0	<100 cfu/g		4/24 5:39 PM
Mold	^Bam Ch18 Analyst: 57	Log: <2.0	<100 cfu/g		4/24 5:39 PM
Salmonella	AOAC 011404 Analyst: 57		Negative/25g		4/24 3:56 PM Kit Lot Number: SSP869
Staphylococcus aureus	CMMEF 39.52 Analyst: 57		<3 mpn/g		4/24 5:39 PM
Yeast	^Bam Ch18 Analyst: 57	Log: <2.0	<100 cfu/g		4/24 5:39 PM
E.coli Generic	^AOAC 991.14 Analyst: 57	Log: <2.0	<100 cfu/g		4/24 5:39 PM
Arsenic	Analyst: 45		<0.5 mg/kg	20151:30	5/1 8:03 AM

It is the customer's responsibility to evaluate the compliance of these results to any regulatory requirement.
Test results apply to the sample as received.

THIS DOCUMENT CONTAINS TRADE SECRET/CONFIDENTIAL INFORMATION PURSUANT TO 5 U.S.C.(b)(4)
This report must not be reproduced, except in full, without written approval of the laboratory.

Reviewed and Approved by: Andrea Balduck - Laboratory Manager Date: 5/22/2025

Date: 5/22/2025

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SAMPLE DATE

DATE RECEIVED 4/24/2025

REFERENCE NUMBER 2029941: 2522944 **Customer PO** Grey

TEMPERATURE AT RECEIVING



Test Requested	Test Method	Results	Ref Number	Start Date
Cadmium	Analyst: 45	<0.5 mg/kg	20151:30	5/1 8:03 AM
Lead	Analyst: 45	0.805 mg/kg	20151:30	5/1 8:03 AM
Mercury	Analyst: *212 ID#8001	<0.16 mg/kg	25D1972-02	4/29 12:00 PM *Subcontracted EPA 7471B

Sample Comment:
Revised 5-22-25: Lot changed from 3001 per client request

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Date: 5/22/2025

Alliance Analytical Laboratories Inc.
179 West Randall Street
Suite A
Coopersville, MI 49404

SAMPLE SUBMITTAL FORM

APR 24 AM 11:08

616-837-7670 - Phone
616-837-7701 - Fax

Client Name	P.O Number or Project Identification	Report Data To:
Kats Botanicals - GREY (04/22/2025) RUSH/STANDARD	GREY UPS 1ZV5G758YW34592059	Mike Greenberg PAGE 1 OF 2
Address: 750 Hickory Industrial Drive	Contact Person: Mike Greenberg	Phone and Fax: 203-671-0370
City: Old Hickory / State: TN	Zip Code: 37138	email: mike@katsbotanicals.com

Sample Site No. if Applicable	Lot Number	SAMPLE DESCRIPTON	ANALYSIS REQUESTED Use Sample Key	Special Reporting Requirements
KB-GREY	3000	2943 Kratom Powder	P3-Standard	
KB-GREY	3001	2944 Kratom Powder	P3-Standard	
KB-GREY	3002	2945 Kratom Powder	P3-RUSH	
KB-Grey	3003	2946 Kratom Powder	P3-Standard	
KB-Grey	3004	2947 Kratom Powder	P3-Standard	
KB-Grey	3005	2948 Kratom Powder	P3-Standard	

Analytical Test Request KEY — Please call 616-837-7670 if you require a test not listed

T-1 **Total Aerobic Plate Count**	$18.00	T-6 **Mitragynine**	$80.00
T-2 **E.coli OR Coliform**	$15.00 Each	T-7 **7-Hydroxymitragynine**	$80.00
T-3 **Yeast & Mold**	$18.00	T-8 **Heavy metals**	$115.00
T-4 **Listeria sp.**	$45.00	T-9 **Staphylococcus sp.**	$20.00
T-5 **Salmonella**	$55.00 FDA BAM $35.00 PCR		

PACKAGES

P1 **$120.00** Total Aerobic Plate Count, E.coli, coliform, Yeast, Mold, Staphylococcus sp, Salmonella
P2 **$230.00** Mitragynine, 7 hydroxymitragynine, Heavy metals
P3 **$320.00** Total Aerobic Plate Count, E.coli, coliform, Yeast, Mold, Staphylococcus sp, Salmonella,mitragynine, 7-hydroxymitragynine, and heavy metals

Each sample submitted recieves a $2.00 fee associated with them. Testing packages do not incur this fee.

For Office Use Only:
Date/Time Received_____ Temp (°F)_____ Sample Condition_____ Initials_____

Form 33 Rev. 10
Effective Date 2/27/20