**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** KB-Grey
Kratom Powder Lot 3012



**SAMPLE DATE**

**DATE RECEIVED** 4/28/2025

**REFERENCE NUMBER** 2029941: 2523569 **Customer PO**

**TEMPERATURE AT RECEIVING**

| Test Requested | Test Method | | Results | Ref Number | Start Date |
|---|---|---|---|---|---|
| Kratom P3 | | | | | |
| 7 Hydroxymitragynine | Analyst: 55 | | <0.01 % | 20152:29 | 4/30 10:33 AM |
| Mitragynine | Analyst: 55 | | 1.26 % | 20152:29 | 4/30 10:34 AM |
| Aerobic Plate Count | ^Bam Ch 3<br>Analyst: 57 | Log: 4.6 | 50000 cfu/g | | 4/29 6:06 PM |
| Coliform | ^AOAC 991.14<br>Analyst: 57 | Log: 2.4 | 300 cfu/g | | 4/29 6:06 PM |
| Mold | ^Bam Ch18<br>Analyst: 57 | Log: 4.4 | 30000 cfu/g | | 4/29 6:06 PM |
| Salmonella | AOAC 011404<br>Analyst: 57 | | Negative/25g | | 4/29 6:06 PM<br>Kit Lot Number: SSP869 |
| Staphylococcus aureus | CMMEF 39.52<br>Analyst: 57 | | <3 mpn/g | | 4/29 6:06 PM |
| Yeast | ^Bam Ch18<br>Analyst: 57 | Log: <2.0 | <100 cfu/g | | 4/29 6:06 PM |
| E.coli Generic | ^AOAC 991.14<br>Analyst: 57 | Log: <2.0 | <100 cfu/g | | 4/29 6:06 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: Audrey Monroe - Laboratory Director Date: 5/9/2025

Date: 5/9/2025

**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

**SAMPLE DESCRIPTION** KB-Grey
Kratom Powder Lot 3012

**SAMPLE DATE**

**DATE RECEIVED** 4/28/2025

**REFERENCE NUMBER** 2029941: 2523569 **Customer PO**

**TEMPERATURE AT RECEIVING**



| Test Requested | Test Method | Results | Ref Number | Start Date |
|---|---|---|---|---|
| Cadmium | | <0.5 mg/kg | 20151:30 | 5/1 8:03 AM |
| | Analyst: 45 | | | |
| Lead | | 1.00 mg/kg | 20151:30 | 5/1 8:03 AM |
| | Analyst: 45 | | | |
| Mercury | | <0.18 mg/kg | 25D2167-03 | 5/6 12:00 PM |
| | Analyst: *212 ID#8001 | | | *Subcontracted EPA 7471B |

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: Audrey Monroe - Laboratory Director Date: 5/9/2025

Date: 5/9/2025

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

# SAMPLE SUBMITTAL FORM

APR 28 PM12:29

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

| Client Name | P.O Number or Project Identification | Report Data To: |
|---|---|---|
| Kats Botanicals - GREY (04/24/2025) STANDARD | GREY USPS 9400111106150550559611 | Mike Greenberg PAGE 1 OF 1 |
| 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 | 3011 | 3568 Kratom Powder | P3-Standard | |
| KB-GREY | 3012 | 3569 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<br>$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____