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-BKP-D55-GB1_Kratom Powder Lot 3059
SAMPLE DATE	
DATE RECEIVED	2/13/2026
REFERENCE NUMBER	202969943: 2609139 **Customer PO**
TEMPERATURE AT RECEIVING	



Test Requested	Test Method		Results	Ref Number	Start Date
7-OH PPM on Dry Weight Basis	Analyst: 64		<105 ppm		2/16 9:37 AM
Moisture	Analyst: 45		4.66 %	20169:110	2/16 2:29 PM
Kratom P3					
7 Hydroxymitragynine	Analyst: 64		<0.01 %	20176:38	2/16 9:37 AM
Mitragynine	Analyst: 64		1.52 %	20176:38	2/16 9:37 AM
Aerobic Plate Count	^Bam Ch 3 Analyst: 68	Log: 2.4	300 cfu/g		2/13 4:46 PM
Coliform	^AOAC 991.14 Analyst: 68	Log: 2.0	100 cfu/g		2/13 4:46 PM
Mold	^Bam Ch18 Analyst: 68	Log: <2.0	<100 cfu/g		2/13 4:46 PM
Staphylococcus aureus	CMMEF 39.52 Analyst: 68		<3 mpn/g		2/13 4:46 PM
Yeast	^Bam Ch18 Analyst: 68	Log: <2.0	<100 cfu/g		2/13 4:46 PM
E.coli Generic	^AOAC 991.14 Analyst: 68	Log: <2.0	<100 cfu/g		2/13 4:46 PM

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: 2/26/2026

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SAMPLE DATE

DATE RECEIVED 2/13/2026

REFERENCE NUMBER 202969943: 2609139 **Customer PO**

TEMPERATURE AT RECEIVING



Test Requested	Test Method	Results	Ref Number	Start Date
Salmonella	^AOAC 2009.03 Analyst: 68	Negative/25g		2/13 4:09 PM Kit Lot Number: GDSSL02112517F
Arsenic	Analyst: 45	<0.5 mg/kg	20169:108	2/16 8:19 AM
Cadmium	Analyst: 45	<0.5 mg/kg	20169:108	2/16 8:20 AM
Lead	Analyst: 45	0.849 mg/kg	20169:108	2/16 8:20 AM
Mercury	Analyst: *212 ID#8001	<0.10 mg/kg	26B0641-01	2/17 12:00 PM *Subcontracted EPA 7471B

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Reviewed and Approved by: Andrea Balduck - Laboratory Manager Date: 2/26/2026

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

SAMPLE SUBMITTAL FORM

FEB 13 PM2:34

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

Client Name	P.O Number or Project Identification	Report Data To:
Kats Botanicals (02/11/2026) RUSH	GREY UPS 1ZR1C2171304620805	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 DESCRIPITON	ANALYSIS REQUESTED Use Sample Key	Special Reporting Requirements
9139	KB-GREY	3059	KB-BKP-D55-GB1_Kratom Powder	P3 - RUSH	7OH ppm dry weight
9140	KB-GREY	3060	KB-BKP-D55-GB1_Kratom Powder	P3 - RUSH	7OH ppm dry weight
9141	KB-GREY	3061	KB-BKP-D55-GB1_Kratom Powder	P3 - RUSH	7OH ppm dry weight
9142	KB-GREY	3062	KB-BKP-D55-GB1_Kratom Powder	P3 - RUSH	7OH ppm dry weight

Please call 616-837-7670 if you require a test not listed

Analytical Test Request KEY

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

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TEST RESULTS REPORT

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SAMPLE DATE	
DATE RECEIVED	2/13/2026
REFERENCE NUMBER	202969943: 2609139.01 **Customer PO**
TEMPERATURE AT RECEIVING	



Test Requested	Test Method	Results	Ref Number	Start Date
Heavy Metals Kratom				
Lead		0.547 mg/Kg	20169:135	3/3 10:31 AM
	Analyst: 45			

Sample Comment:
Supplement to report 2609139

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Reviewed and Approved by: Audrey Monroe - Laboratory Director Date: 3/5/2026

Date: 3/5/2026

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FEB 13 PM2:34

616-837-7670 - Phone
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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 DESCRIPITON	ANALYSIS REQUESTED Use Sample Key	Special Reporting Requirements
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