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;
bryan@katsbotanicals.com;

SAMPLE DESCRIPTION KB-BKP-D55-WB5 Kratom Powder 3069 KB-GREY



SAMPLE DATE

DATE RECEIVED 3/16/2026

REFERENCE NUMBER 202969944: 2615554 **Customer PO**

TEMPERATURE AT RECEIVING

Test Requested	Test Method		Results	Ref Number	Start Date
7-OH PPM on Dry Weight Basis	Analyst: 64		<107 ppm		3/17 11:59 AM
Moisture	Analyst: 45		6.00 %	20169:153	3/17 1:35 PM
Kratom P3	Analyst: 45				
7 Hydroxymitragynine	Analyst: 64		<0.01 %	20172:61	3/17 11:59 AM
Mitragynine	Analyst: 64		1.69 %	20172:61	3/17 11:59 AM
Aerobic Plate Count	^Bam Ch 3 Analyst: 65	Log: 2.0	100 cfu/g		3/16 2:30 PM
Coliform	^AOAC 991.14 Analyst: 65	Log: <2.0	<100 cfu/g		3/16 2:30 PM
Mold	^Bam Ch18 Analyst: 65	Log: <2.0	<100 cfu/g		3/16 2:30 PM
Staphylococcus aureus	CMMEF 39.52 Analyst: 65		<3 mpn/g		3/16 2:30 PM
Yeast	^Bam Ch18 Analyst: 65	Log: <2.0	<100 cfu/g		3/16 2:30 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: Audrey Monroe - Laboratory Director Date: 3/23/2026

Date: 3/23/2026

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TEMPERATURE AT RECEIVING



Test Requested	Test Method		Results	Ref Number	Start Date
E.coli Generic	^AOAC 991.14 Analyst: 65	Log: <2.0	<100 cfu/g		3/16 2:30 PM
Salmonella	^AOAC 2009.03 Analyst: 65		Negative/25g		3/16 2:30 PM Kit Lot Number: GDSSL09052514C
Arsenic	Analyst: 45		0.637 mg/kg	20169:147	3/17 7:25 AM
Cadmium	Analyst: 45		<0.5 mg/kg	20169:147	3/17 7:25 AM
Lead	Analyst: 45		0.602 mg/kg	20169:147	3/17 7:25 AM
Mercury	Analyst: *212 ID#8001		<0.16 mg/kg	26C0690-02	3/18 12:00 PM *Subcontracted EPA 7471B

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Reviewed and Approved by: Audrey Monroe - Laboratory Director Date: 3/23/2026

Date: 3/23/2026

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

SAMPLE SUBMITTAL FORM

MAR 16 AM 10:

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

Client Name	P.O Number or Project Identification	Report Data To:
Kats Botanicals (03/09/2026) RUSH	1ZR1C2170300975922	Mike Greenberg PAGE 1 of 1

Address	Contact Person	Phone and Fax
750 Hickory Industrial Drive	Mike Greenberg	203-671-0370

City	State	Zip Code	email
Old Hickory	TN	37138	mike@katsbotanicals.com

Sample Site No. if Applicable	Lot Number	SAMPLE DESCRIPITON	ANALYSIS REQUESTED Use Sample Key	Special Reporting Requirements
5553 KB-GREY	EV 9/10/25	900041-Bulk Kratom Powder	P3	7OH ppm dry weight
5554 KB-GREY	3069	KB-BKP-D55-WB5 Kratom Powder	P3	7OH ppm dry weight
5555 KB-GREY	3070	KB-BKP-D55-WB5 Kratom Powder	P3	7OH ppm dry weight

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