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 750 Hickory Industrial Drive Old Hickory TN 37138, Phone: 203-671-0370 Email: mike@katsbotanicals.com; bryan@katsbotanicals.com;
SAMPLE DESCRIPTION	Kratom Powder KB-TPS Lot 987
SAMPLE DATE	4/9/2026
DATE RECEIVED	4/13/2026
REFERENCE NUMBER	202969944: 2621071 **Customer PO**
TEMPERATURE AT RECEIVING	



Test Requested	Test Method		Results	Ref Number	Start Date
7-OH PPM on Dry Weight Basis			< 105 ppm		
Moisture	Analyst: 45		4.68 %	20179:36-37	4/14 12:41 PM
Kratom P3					
7 Hydroxymitragynine	Analyst: 64		< 0.01 %	20172:96	4/14 8:40 AM
Mitragynine	Analyst: 64		1.72 %	20172:96	4/14 8:41 AM
Aerobic Plate Count	^Bam Ch 3 Analyst: 40	Log: 2.0	100 cfu/g		4/14 3:41 PM
Coliform	^AOAC 991.14 Analyst: 40	Log: 2.3	200 cfu/g		4/14 3:41 PM
Mold	^Bam Ch18 Analyst: 40	Log: <2.0	<100 cfu/g		4/14 3:51 PM
Staphylococcus aureus	CMMEF 39.52 Analyst: 40		<3 mpn/g		4/14 2:26 PM
Yeast	^Bam Ch18 Analyst: 40	Log: <2.0	<100 cfu/g		4/14 3:51 PM
E.coli Generic	^AOAC 991.14 Analyst: 40	Log: <2.0	<100 cfu/g		4/14 3:41 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: 4/20/2026

Date: 4/20/2026

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DATE RECEIVED	4/13/2026
REFERENCE NUMBER	202969944: 2621071 **Customer PO**
TEMPERATURE AT RECEIVING	



Test Requested	Test Method	Results	Ref Number	Start Date
Salmonella	^AOAC 2009.03 Analyst: 40	Negative/25g		4/13 3:28 PM Kit Lot Number: GDSSL09052514E
Arsenic	Analyst: 45	0.544 mg/kg	20179:34	4/14 6:46 AM
Cadmium	Analyst: 45	< 0.5 mg/kg	20179:34	4/14 6:46 AM
Lead	Analyst: 45	0.626 mg/kg	20179:34	4/14 6:46 AM
Mercury	Analyst: *212 ID#8001	<0.20 mg/kg	26D0685-01	4/15 12:00 PM *Subcontracted EPA 7471B

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179 West Randall Street
Suite A
Coopersville, MI 49404

SAMPLE SUBMITTAL FORM

APR 13 AM 11:34

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

Client Name	P.O Number or Project Identification	Report Data To:
Kats Botanicals - TPS (4/9/26) RUSH	TPS USPS 9405550105796022766786	Mike Greenberg Page 1 of 2
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
KB-TPS	987	1071 Kratom Powder	P3 - RUSH	7OH ppm dry weight
KB-TPS	988	1072 Kratom Powder	P3 - RUSH	7OH ppm dry weight
KB-TPS	989	1073 Kratom Powder	P3 - RUSH	7OH ppm dry weight
KB-TPS	990	1074 Kratom Powder	P3 - RUSH	7OH ppm dry weight
KB-TPS	991	1075 Kratom Powder	P3 - RUSH	7OH ppm dry weight
KB-TPS	992	1076 Kratom Powder	P3 - RUSH	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____