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 Lot 996 KB-TPS
SAMPLE DATE	
DATE RECEIVED	5/1/2026
REFERENCE NUMBER	202969944: 2625012 **Customer PO**
TEMPERATURE AT RECEIVING	



Test Requested	Test Method		Results	Ref Number	Start Date
7-OH PPM on Dry Weight Basis	Analyst: 64		<106 ppm	20172:114	5/4 8:47 AM
Moisture	Analyst: 59		5.65 %	20175:131	5/4 3:40 PM
Kratom P3 7 Hydroxymitragynine	Analyst: 64		<0.01 %	20172:114	5/4 8:47 AM
Mitragynine	Analyst: 64		1.49 %	20172:114	5/4 8:47 AM
Aerobic Plate Count	^Bam Ch 3 Analyst: 40	Log: 2.6	500 cfu/g		5/1 12:37 PM
Coliform	^AOAC 991.14 Analyst: 40	Log: <2.0	<100 cfu/g		5/1 11:33 AM
Mold	^Bam Ch18 Analyst: 40	Log: <2.0	<100 cfu/g		5/1 12:37 PM
Staphylococcus aureus	CMMEF 39.52 Analyst: 40		<3 mpn/g		5/1 11:33 AM
Yeast	^Bam Ch18 Analyst: 40	Log: <2.0	<100 cfu/g		5/1 12:37 PM
E.coli Generic	^AOAC 991.14 Analyst: 40	Log: <2.0	<100 cfu/g		5/1 11:33 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: 5/7/2026

Date: 5/7/2026

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SAMPLE DESCRIPTION Kratom Powder Lot 996 KB-TPS

SAMPLE DATE

DATE RECEIVED 5/1/2026

REFERENCE NUMBER 202969944: 2625012 **Customer PO**

TEMPERATURE AT RECEIVING



Test Requested	Test Method	Results	Ref Number	Start Date
Salmonella	^AOAC 2009.03 Analyst: 40	Negative/25g		5/1 11:33 AM Kit Lot Number: GDSSL12042504B
Arsenic	Analyst: 45	0.577 mg/kg	20179:57	5/4 7:17 AM
Cadmium	Analyst: 45	<0.5 mg/kg	20179:57	5/4 7:17 AM
Lead	Analyst: 45	0.650 mg/kg	20179:57	5/4 7:17 AM
Mercury	Analyst: *212 ID#8001	<0.17 mg/kg	26E0066-02	5/5 12:00 PM *Subcontracted EPA 7471B

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

SAMPLE SUBMITTAL FORM

MAY 1 AM 10:27

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

Client Name	P.O Number or Project Identification	Report Data To:
Kats Botanicals - TPS (4/29/26) RUSH	TPS USPS 9405550105796024240659	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 DESCRIPTON	ANALYSIS REQUESTED Use Sample Key	Special Reporting Requirements
KB-TPS	995	Kratom Powder 2625011	P3 - RUSH	7OH ppm dry weight
KB-TPS	996	Kratom Powder 2625012	P3 - RUSH	7OH ppm dry weight
KB-TPS	997	Kratom Powder 2625013	P3 - RUSH	7OH ppm dry weight
KB-TPS	998	Kratom Powder 2625014	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_____

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