

**Alliance Analytical Laboratories, Inc.**

179 West Randall Street
Coopersville, MI 49404
Phone: (616) 837-7670
Fax: (616) 837-7701



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

TEST RESULTS REPORT**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 Grey KB-BKP-D55-RB9 Kratom Powder Lot 3079

SAMPLE DATE**DATE RECEIVED**

3/30/2026

REFERENCE NUMBER

202969944: 2618214

Customer PO**TEMPERATURE AT RECEIVING**

Test Requested	Test Method	Results	Ref Number	Start Date
7-OH PPM on Dry Weight Basis		<106 ppm	20172:78	3/30 3:13 PM
	Analyst: 64			
Moisture		4.96 %	20179:12-13	3/30 12:31 PM
	Analyst: 45			
Kratom P3				
7 Hydroxymitragynine		<0.01 %	20172:78	3/30 3:13 PM
	Analyst: 64			
Mitragynine		1.32 %	20172:78	3/30 3:13 PM
	Analyst: 64			
Aerobic Plate Count	^Bam Ch 3	Log: 2.9		3/30 3:32 PM
	Analyst: 40			
Coliform	^AOAC 991.14	Log: <2.0		3/30 1:00 PM
	Analyst: 40			
Mold	^Bam Ch18	Log: <2.0		3/30 3:32 PM
	Analyst: 40			
Staphylococcus aureus	CMMEF 39.52	<3 mpn/g		3/30 1:00 PM
	Analyst: 40			
Yeast	^Bam Ch18	Log: <2.0		3/30 3:32 PM
	Analyst: 40			
E.coli Generic	^AOAC 991.14	Log: <2.0		3/30 1:00 PM
	Analyst: 40			

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)**

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Reviewed and Approved by:

Audrey Monroe - Laboratory Director

Date: 4/7/2026

Date: 4/7/2026

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TEST RESULTS REPORT**SAMPLE DESCRIPTION** KB Grey KB-BKP-D55-RB9 Kratom Powder Lot 3079**SAMPLE DATE****DATE RECEIVED** 3/30/2026**REFERENCE NUMBER** 202969944: 2618214 **Customer PO****TEMPERATURE AT RECEIVING**

Test Requested	Test Method	Results	Ref Number	Start Date
Salmonella	^AOAC 2009.03 Analyst: 40	Negative/25g	Kit Lot Number: GDSSL09052514D	3/30 11:01 AM
Arsenic	Analyst: 45	<0.5 mg/kg	20179:6	3/30 3:51 PM
Cadmium	Analyst: 45	<0.5 mg/kg	20179:6	3/30 3:52 PM
Lead	Analyst: 45	<0.5 mg/kg	20179:6	3/30 3:52 PM
Mercury	Analyst: *212 ID#8001	<0.17 mg/kg	26C1317-02	4/2 12:00 PM *Subcontracted EPA 7471B

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Test results apply to the sample as received.

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Alliance Analytical Laboratories Inc.
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Suite A
Coopersville, MI 49404

SAMPLE SUBMITTAL FORM

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

MAR 30 AM 10:15

Client Name Kats Botanicals (03/20/2026)		P O Number or Project Identification 1ZR1C2170315483168 (UPS)		Report Data To: Mike Greenberg	
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		Special Reporting Requirements			
Sample Site No.	Lot Number	SAMPLE DESCRIPTION		ANALYSIS REQUESTED	Use Sample Key
KB-GREY	3078	KB-BKP-D55-RB3 Kratom Powder		P3	70H ppm dry weight
KB-GREY	3079	KB-BKP-D55-RB9 Kratom Powder		P3	70H ppm dry weight
KB-GREY	3080	KB-BKP-D55-WB10 Kratom Powder		P3	70H ppm dry weight
KB-GREY	3081	KB-BKP-D55-GB10 Kratom Powder		T-6	
KB-GREY	3061-C3	KB-BKP-D55-GB1 Kratom Powder		T-6	
KB-GREY	3061-C4	KB-BKP-D55-GB1 Kratom Powder		T-6	

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		

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

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 receives 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