

**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
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 984

SAMPLE DATE 3/31/2026

DATE RECEIVED 4/3/2026

REFERENCE NUMBER 202969944: 2619479 **Customer PO**

TEMPERATURE AT RECEIVING



Test Requested	Test Method	Results	Ref Number	Start Date
7-OH PPM on Dry Weight Basis		<106 ppm		4/6 8:42 AM
	Analyst: 64			
Moisture		4.86 %	20175:96	4/6 4:11 PM
	Analyst: 59			
Kratom P3				
7 Hydroxymitragynine		<0.01 %	20172:87	4/6 8:42 AM
	Analyst: 64			
Mitragynine		1.57 %	20172:87	4/6 8:42 AM
	Analyst: 64			
Aerobic Plate Count	^Bam Ch 3 Analyst: 40	Log: 2.0 100 cfu/g		4/3 2:55 PM
Coliform	^AOAC 991.14 Analyst: 40	Log: 2.0 100 cfu/g		4/3 2:55 PM
Mold	^Bam Ch18 Analyst: 40	Log: <2.0 <100 cfu/g		4/3 2:55 PM
Staphylococcus aureus	CMMEF 39.52 Analyst: 40	<3 mpn/g		4/3 2:55 PM
Yeast	^Bam Ch18 Analyst: 40	Log: <2.0 <100 cfu/g		4/3 2:55 PM
E.coli Generic	^AOAC 991.14 Analyst: 40	Log: <2.0 <100 cfu/g		4/3 2:55 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 Baldock - Laboratory Manager

Date: 4/13/2026

Date: 4/13/2026

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SAMPLE DATE 3/31/2026
DATE RECEIVED 4/3/2026
REFERENCE NUMBER 202969944: 2619479 **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: GDSSL09052514E	4/3 2:44 PM
Arsenic	Analyst: 45	0.575 mg/kg	20179:25	4/7 9:24 AM
Cadmium	Analyst: 45	<0.5 mg/kg	20179:25	4/7 9:24 AM
Lead	Analyst: 45	0.512 mg/kg	20179:25	4/7 9:24 AM
Mercury	Analyst: *212 ID#8001	<0.19 mg/kg	26D0215-02	4/8 12:00 PM *Subcontracted EPA 7471B

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Andrea Baldock - Laboratory Manager

Date: 4/13/2026

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

SAMPLE SUBMITTAL FORM

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

[Signature]
APR 3 AM 11:43

Client Name Kats Botanicals - TPS (3/31/26) RUSH		P.O. Number or Project Identification TPS USPS 9405550105795022091607		Report Data To: 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 DESCRIPTION	ANALYSIS REQUESTED Use Sample Key	Special Reporting Requirements			
KB-TPS	983	4478 Kratom Powder	P3 - RUSH	7OH ppm dry weight			
KB-TPS	984	4479 Kratom Powder	P3 - RUSH	7OH ppm dry weight			
KB-TPS	985	4480 Kratom Powder	P3 - RUSH	7OH ppm dry weight			
KB-TPS	986	9481 Kratom Powder	P3 - RUSH	7OH ppm dry weight			
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 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 _____