

**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 684

SAMPLE DATE

4/9/2026

DATE RECEIVED

4/13/2026

REFERENCE NUMBER

202969944: 2621080 **Customer PO**

TEMPERATURE AT RECEIVING

Test Requested	Test Method	Results	Ref Number	Start Date
7-OH PPM on Dry Weight Basis		< 106 ppm		
Moisture		5.06 %	20179:36-37	4/14 12:41 PM
	Analyst: 45			
Kratom P3				
7 Hydroxymitragynine		< 0.01 %	20172:96	4/14 8:40 AM
	Analyst: 64			
Mitragynine		1.67 %	20172:96	4/14 8:41 AM
	Analyst: 64			
Aerobic Plate Count	^Bam Ch 3	Log: 2.3		4/14 3:41 PM
	Analyst: 40			
Coliform	^AOAC 991.14	Log: <2.0		4/14 3:41 PM
	Analyst: 40			
Mold	^Bam Ch18	Log: <2.0		4/14 3:51 PM
	Analyst: 40			
Staphylococcus aureus	CMMEF 39.52	<3 mpn/g		4/14 2:58 PM
	Analyst: 40			
Yeast	^Bam Ch18	Log: <2.0		4/14 3:51 PM
	Analyst: 40			
E.coli Generic	^AOAC 991.14	Log: <2.0		4/14 3:41 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)**

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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SAMPLE DATE	4/9/2026		
DATE RECEIVED	4/13/2026		
REFERENCE NUMBER	202969944: 2621080	Customer PO	
TEMPERATURE AT RECEIVING			



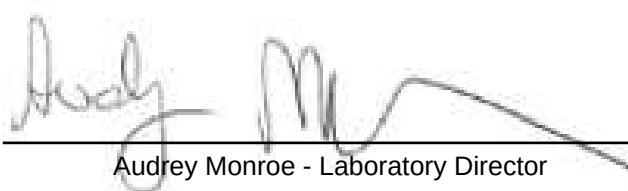
Test Requested	Test Method	Results	Ref Number	Start Date
Salmonella	^AOAC 2009.03 Analyst: 40	Negative/25g		4/13 3:28 PM Kit Lot Number: GDSSL09052514E
Arsenic	Analyst: 45	< 0.5 mg/kg	20179:34	4/14 6:46 AM
Cadmium	Analyst: 45	< 0.5 mg/kg	20179:34	4/14 6:46 AM
Lead	Analyst: 45	0.550 mg/kg	20179:34	4/14 6:46 AM
Mercury	Analyst: *212 ID#8001	<0.20 mg/kg	26D0685-10	4/15 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

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

APR 13 2011 11:45

Client Name Kats Botanicals - TPS (4/10/26) RUSH	P.O. Number or Project Identification TPS USPS 9405550105795022882168	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		

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Sample Site No. If Applicable	Lot Number	SAMPLE DESCRIPTION	ANALYSIS REQUESTED Use Sample Key	Special Reporting Requirements
KB-TPS	751	1079 Kratom Powder	P3 - RUSH	70H ppm dry weight
KB-TPS	684	1080 Kratom Powder	P3 - RUSH	70H ppm dry weight
KB-TPS	656	1081 Kratom Powder	P3 - RUSH	70H ppm dry weight
KB-TPS	640	1082 Kratom Powder	P3 - RUSH	70H ppm dry weight
KB-TPS	621	1083 Kratom Powder	P3 - RUSH	70H ppm dry weight
KB-TPS	837	1084 Kratom Extract	P3 - RUSH	70H 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 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