



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 991

SAMPLE DATE 4/9/2026

DATE RECEIVED 4/13/2026

REFERENCE NUMBER 202969944: 2621075 **Customer PO**

TEMPERATURE AT RECEIVING



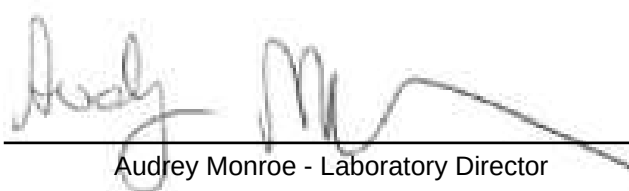
Test Requested	Test Method	Results	Ref Number	Start Date
7-OH PPM on Dry Weight Basis		< 105 ppm		
Moisture		4.50 %	20179:36-37	4/14 12:41 PM
	Analyst: 45			
Kratom P3				
7 Hydroxymitragynine		< 0.01 %	20172:96	4/14 8:40 AM
	Analyst: 64			
Mitragynine		1.40 %	20172:96	4/14 8:41 AM
	Analyst: 64			
Aerobic 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: <2.0 <100 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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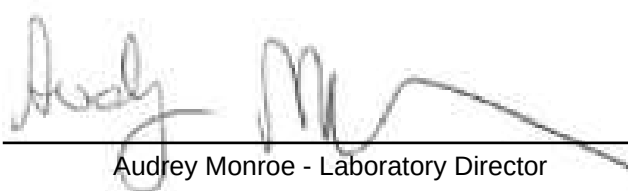
Test Requested	Test Method	Results	Ref Number	Start Date
Salmonella	^AOAC 2009.03 Analyst: 40	Negative/25g	Kit Lot Number: GDSSL09052514E	4/13 3:28 PM
Arsenic	Analyst: 45	< 0.5 mg/kg	20179:34	4/14 6:46 AM
Cadmium	Analyst: 45	< 0.5 mg/kg	20179:34	4/14 6:46 AM
Lead	Analyst: 45	0.584 mg/kg	20179:34	4/14 6:46 AM
Mercury	Analyst: *212 ID#8001	<0.20 mg/kg	26D0685-05	4/15 12:00 PM *Subcontracted EPA 7471B

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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

APR 13 AM 11:34

Client Name Kats Botanicals - TPS (4/9/26) RUSH		P.O. Number or Project Identification TPS USPS 9405560105796022766786		Report Data To: Mike Greenberg		Page 1 of 2	
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	987	1071 Kratom Powder		P3 - RUSH		70H ppm dry weight	
KB-TPS	988	1072 Kratom Powder		P3 - RUSH		70H ppm dry weight	
KB-TPS	989	1073 Kratom Powder		P3 - RUSH		70H ppm dry weight	
KB-TPS	990	1074 Kratom Powder		P3 - RUSH		70H ppm dry weight	
KB-TPS	991	1075 Kratom Powder		P3 - RUSH		70H ppm dry weight	
KB-TPS	992	1074 Kratom Powder		P3 - RUSH		70H 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		

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 _____