

**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
accreditation issued by ANSI-ASQ National
Accreditation Board. Refer to certificate and
scope of accreditation AT-2044

CUSTOMER

The Evergreen Tree
4012 S. Rainbow Blvd.
Las Vegas, NV 8903
Phone: 702-861-2045
Email: customerservice@theevergreentree.com;

SAMPLE DESCRIPTION

Kratom Green Lot 02142020-CV-01
SD NA

SAMPLE DATE**DATE RECEIVED**

2/21/2020

REFERENCE NUMBER

200071: 2007181

Customer PO**TEMPERATURE AT RECEIVING****Test Requested****Test Method****Results****Ref Number****Start Date**

Mitragynine

Analyst: 42

2.35 %

DF02:55

2/24 1:23 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: 2/25/2020

Date: 2/25/2020

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

SAMPLE SUBMITTAL FORM

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

Client Name <i>The Evergreen Tree</i>		P.O. Number or Project Identification		Report Data To:	
Address <i>4012 S Rainbow Blvd Ste K560</i>		Contact Person <i>Bob</i>		Phone and Fax <i>702-861-2045</i>	
City <i>Las Vegas</i>		State <i>NV</i>		Zip Code <i>89103</i>	
email <i>customerservice@theevergreentree.com</i>					
Sample Site No. If Applicable	Lot Number	SAMPLE DESCRIPITON	ANALYSIS REQUESTED Use Sample Key		Special Reporting Requirements
	<i>02142020 -CV-01</i>	<i>Kratom Green</i>	<i>T-6</i>		
	<i>02142020 -CV-01</i>	<i>Kratom White</i>	<i>T-6</i>		
	<i>02142020 -CV-01</i>	<i>Kratom Red</i>	<i>T-6</i>		
	<i>02102020 -TR-01</i>	<i>Kratom Red</i>	<i>T-6</i>		
Analytical Test Request KEY					
Please call 616-837-7670 if you require a test not listed					

T-1 Total Aerobic Plate Count	\$13.50	T-6 Mitragynine	\$80.00
T-2 E.coli & Coliform	\$15.00	T-7 7-Hydroxymitragynine	\$80.00
T-3 Yeast & Mold	\$15.50	T-8 Heavy metals	\$115.00
T-4 Ustera sp.	\$45.00		
T-5 Salmonella	\$55.00		

PACKAGES

- P1 \$130.00 Total Aerobic Plate Count, E.coli, coliform, Yeast, Mold, Ustera sp, Salmonella
- P2 \$230.00 Mitragynine, 7 hydroxymitragynine, Heavy metals
- P3 \$330.00 Total Aerobic Plate Count, E.coli, coliform, Yeast, Mold, Ustera sp, Salmonella, mitragynine, 7-hydroxymitragynine, and heavy metals

For Office Use Only:

Date/Time Received _____ Temp (°F) _____ Sample Condition _____ Initials _____

Form 33 Rev. 9
Effective Date 4/5/17