

**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 02032020-TR-01
SD NA

SAMPLE DATE

DATE RECEIVED 2/10/2020

REFERENCE NUMBER 200056: 2005667

Customer PO

TEMPERATURE AT RECEIVING



| Test Requested | Test Method | Results | Ref Number | Start Date |
|----------------|-------------|---------|------------|--------------|
| Mitragynine | | 1.77 % | DF02:47 | 2/12 5:38 PM |
| | Analyst: 42 | | | |

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: 2/18/2020

Date: 2/18/2020

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>Nevada</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>51666</i> | <i>02032020-HS</i> <i>-01</i> | <i>Kratom Extracts</i> | <i>T-6</i> | | |
| <i>51667</i> | <i>02032020-C-TA</i> <i>-01</i> | <i>Kratom Green</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-2 E.coli & Coliform \$15.00
T-3 Yeast & Mold \$15.50
T-4 Listeria sp. \$45.00
T-5 Salmonella \$55.00

T-6 Mitragynine \$80.00
T-7 7-Hydroxymitragynine \$80.00
T-8 Heavy metals \$115.00

PACKAGES

P1 \$130.00

Total Aerobic Plate Count, E.coli, coliform, Yeast, Mold, Listeria sp, Salmonella

P2 \$230.00

Mitragynine, 7 hydroxymitragynine, Heavy metals

P3 \$330.00

Total Aerobic Plate Count, E.coli, coliform, Yeast, Mold, Listeria 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