

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

TEST RESULTS REPORT**CUSTOMER**

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

SAMPLE DESCRIPTION

Kratom Base 050420 JNGF
SD 05/04/20

SAMPLE DATE

5/4/2020

DATE RECEIVED

5/11/2020

REFERENCE NUMBER

200171: 2017117

Customer PO**TEMPERATURE AT RECEIVING**

Test Requested	Test Method	Results	Ref Number	Start Date
Kratom P1				
P1 Aerobic Plate Count	^BAM Ch 3 Analyst: 39	Log: 5.1 140000 cfu/g		5/11 3:11 PM
P1 Coliform	^ AOAC 991.14 Analyst: 44	Log: 2.0 100 cfu/g		5/11 2:23 PM
P1 E.coli Generic	^AOAC 991.14 Analyst: 44	Log: <2.0 <100 cfu/g		5/11 2:23 PM
P1 Mold	^ BAM Ch 18 Analyst: 39	Log: 5.1 150000 cfu/g		5/11 3:45 PM
P1 Salmonella	AOAC 011404 Analyst: 44	Negative/2g		5/11 1:23 PM
P1 Yeast	^Bam Ch 18 Analyst: 39	Log: <2.0 <100 cfu/g		5/11 3:45 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: 5/19/2020

Date: 5/19/2020

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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

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		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 DESCRIPTION	ANALYSIS REQUESTED Use Sample Key		Special Reporting Requirements
<i>7114</i>	<i>050420 JN-04</i>	<i>Kratom Green</i>	<i>T-6</i>		
<i>7115</i>	<i>050420 JN-04</i>	<i>Kratom White</i>	<i>T-6</i>		
<i>7116</i>	<i>050420 EF-01</i>	<i>Kratom Green</i>	<i>T-6</i>		
<i>7117</i>	<i>050420 JUGF</i>	<i>Kratom Base</i>	<i>P1</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