## 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 CV-03

SD 04/29/20

**SAMPLE DATE** 4/29/2020

5/4/2020 REFERENCE NUMBER 200162: 2016269 **Customer PO** 

**TEMPERATURE AT RECEIVING** 

**DATE RECEIVED** 



5/7/2020

Date:

Test Requested	Test Method	Results	Ref Number	Start Date	
Mitragynine		2.08 %	DF02:97	5/5 8:54 AM	
	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 Balduck - Laboratory Manager

Date: 5/7/2020 Page 1 of 1

Form 33 Rev. 9

Effective Date 4/5/17

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

For Office Use Only:

Date/Time Received\_

Client Name P.O Number or Project ion and P.O Number or Project ion and P.O. Number of Project ion and P.O. Number or Project ion and P.O. Number of Projec					Report Data 10:			
Address 4017	5 Rainbord	Blud Ste K56	Cont	act Person	Phone and Fax	861-20	45	
Client Name The Evergreen Tree  Address 4012 S Rainbow Blvd Ste K560  City Las Vegas  State NV		Zip Code 89103	ip Code email					
Sample Site No.	Lot Number	SAMPLE DES	SCRIPITON	ANALYSIS REQU	ESTED Ise Sample Key		Special Reporting Requirement	
п Аррисаоте	04-29-20 CV-03	4-29-20 Kraton White		T	T-6			
04-29-20 Krato		Kratom Wh	reen	T	-6			
Analytical Test F	Request KEY	Control Control		Please call 616-	837-7670 if you re	quire 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 Mitra	T-6 Mitragynine \$80.00 T-7 7-Hydroxymitragynine \$80.00 T-8 Heavy metals \$115.00					
PACKAGES P1 \$130.00 P2 \$230.00 P3 \$330.00	Mitragynine, 7 hydr	Count, E.coli, coliform, Yeast, M roxymitragynine, Heavy metals Count, E.coli, coliform, Yeast, M		onella onella, mitragynine, 7-hydroxymitr	and heavy metal	s		

Initials\_\_\_\_

Temp (°F)\_\_\_\_\_\_ Sample Condition\_