

**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 White Lot CV-022221
SD NA

SAMPLE DATE

DATE RECEIVED 2/26/2021

REFERENCE NUMBER 210080: 2108059 **Customer PO**

TEMPERATURE AT RECEIVING

Test Requested	Test Method	Results	Ref Number	Start Date
Mitragynine	Analyst: 42	2.08 %	200015:113	3/1 2:42 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: 3/4/2021

Date: 3/4/2021

SAMPLE SUBMITTAL FORM

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>Kraton Green CV-022221</i>	<i>Kraton Green</i>	<i>T-6</i>	
	<i>Kraton White CV-022221</i>	<i>Kraton White</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	\$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		

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 _____

Form 33 Rev. 10
Effective Date 2/27/20