

**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 Tincture Lot TINC-AEX 062821  
SD 06/28/21

**SAMPLE DATE**

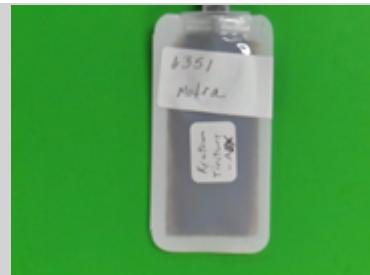
6/28/2021

**DATE RECEIVED**

7/2/2021

**REFERENCE NUMBER**

210263: 2126351

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

Mitragynine

Analyst: 42

24.1 mg/mL

200028:074,76

7/15 2:57 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: 7/20/2021

Date: 7/20/2021

# 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>	
Sample Site No.		Lot Number		email <i>customerservice@theevergreentree.com</i>	
if Applicable		SAMPLE DESCRIPTION		ANALYSIS REQUESTED Use Sample Key	
		<i>TINC-ALX 062821</i>		<i>Kraton fracture</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-2 E.coli OR Coliform	\$15.00 Each
T-3 Yeast & Mold	\$18.00
T-4 Listeria sp.	\$45.00
T-5 Salmonella	\$55.00 FDA BAM \$35.00 PCR

T-6 Mitragynine	\$80.00
T-7 7-Hydroxymitragynine	\$80.00
T-8 Heavy metals	\$115.00
T-9 Staphylococcus sp.	\$20.00

## 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