

CERTIFICATE OF ANALYSIS

Laboratory Certification # CL502021001

License # TLAB0028

Martha Bruhl 100725 63 Maple St. Middlebury, VT 05753 PROJECT: Cannabis Testing

WORK ORDER: 2211-33056

DATE RECEIVED: November 11, 2022

DATE REPORTED: November 16, 2022

SAMPLER: MB

Enclosed please find the results of the analyses performed for the samples referenced on the attached chain of custody located at the end of this report. All required method quality control elements including instrument calibration were performed in accordance with method requirements and determined to be acceptable unless otherwise noted.

Endyne, Inc. warrants, to the best of its knowledge and belief, the accuracy of the analytical test results contained in this report, but makes no other warranty, expressed or implied, especially no warranties of merchantability or fitness for a particular purpose.

Reviewed by:

Harry B. Locker, Ph.D. Laboratory Director

CERTIFICATE OF ANALYSIS

DATE REPORTED: 11/16/2022

CLIENT: Martha Bruhl WORK ORDER: 2211-33056
PROJECT: Cannabis Testing DATE RECEIVED: 11/11/2022



Cannabis Testing

City: Middlebunu

Name: Martha Bruhl Addr: 63 Maple St. **Endyne Inc. COC**

Prepared: 11/8/22

2211-33056



Martha Bruhl Cannabis Testing

CAN

State: VT Zipcode: 05753

Ph: 802 - 349 - 35(04 email: fravalley form807@amail Com W-101

-n: <u>80%</u> -	399-3504 email: 109 VOLVEU	<u> </u>						
001 <u>\\\\</u>	100001-001-002 unbaked	Tg. Composi	Sampled Date/Time:	11/11/2	12 <u>@ 3Pm</u>			
	Sampler: MS	5 End	Sampled Date/Time:		@			
. []	e. coli	1 - 5gm Sa	ample in a 2 oz Clear Glas	s				
[]**	% Moisture	1 - 5gm Sa	ample in a 2 oz Clear Glas	s				
[]	Arsenic, Total Cadmium, Total Lead, Total	1 - 5gm Sa	ample in a 2 oz Clear Glas	s	,			
	Mercury, Total							
[]	Salmonella	1 - 5gm Sa	ample in a 2 oz Clear Glas	s				
[X]	Cannabis Hemp Potency Total THC THCA Delta 9 THC	1 - 5gm Sa	ample in a 2 oz Clear Glas	S				
	[] ** Required when testing for Potency in Flower [] Check the box next to the test that you are submitting a sample for.							
	[] Flow	ver []Oil [メ	.] Edible					
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Relinquished by	· '	Date Time	Received by:		Date Time			
	ation to use Subcontract lab Client Initials VT NH NY Other [g instructions: (PO#)	Date Time Delv: 455 Temp C: Commer	L	mpl Ck og by	Date Time Lab use Only			
Requested Turn	around Time: Routine: Rush Due Date	_ la	id \$300 CK 11	9 flagt	2 of 4			
Comb	160 James Bro	wn Dr.	56 Etna Road	315 New York	Rd.			



160 James Brown Dr. Williston, VT 05495 Ph 802-879-4333 Fax 802-879-7103 56 Etna Road Lebanon, NH 03766 Ph 603-678-4891 Fax 603-678-4893 315 New York Rd. Plattsburgh, NY 12903 Ph 518-563-1720 Fax 518-563-0052

Cannabis	s Testing		Prepared: 11/8			Lab Ose WO#	
Name:				100725			
Addr: City:				CANNABIS			
State: Ph:	Zipcode: email:_			W-100725CB			
	<u> </u>		Composite				Page 1 of 1
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	Sampler:	MB	End	Sampled Dat	e/Time:	· / /	
[1]	e. coli		1 - 5gm San	nple in a 2 oz (Clear Glass		
[]**	% Moisture		1 - 5gm San	nple in a 2 oz 0	Clear Glass		
[]	Arsenic, Total Cadmium, Total Lead, Total Mercury, Total		1 - 5gm San	nple in a 2 oz C	Clear Glass		·
[]	Salmonella		1 - 5gm San	nple in a 2 oz 0	Clear Glass		
[7]	Cannabis Hemp Potency Total THC THCA	y .	1 - 5gm San	nple in a 2 oz C	Clear Glass		
	Delta 9 THC						
	[] ** Required when te	stina for Potencv ir	Flower				
	[] Check the box next	-		sample for.			
		[] Flower	[] 0il [X]	Edible			
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Endyne Inc. COC



160 James Brown Dr. Williston, VT 05495 Ph 802-879-4333 Fax 802-879-7103 56 Etna Road Lebanon, NH 03766 Ph 603-678-4891 Fax 603-678-4893 315 New York Rd. Plattsburgh, NY 12903 Ph 518-563-1720 Fax 518-563-0052

Lab Use WO#

Cannabis Testing		Prepared: 11/8/22			Lau Ose VVO#			
	·			100725				
				CANNABIS				
	Zipcode: email:_	<u>-</u>		W-100725CB				
		1 11 . —	Composi	• -		Page 1 of 1		
001 <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	N0001-003 10	9	Start	Sampled Date/	/Time: <u>\\ /\\</u>	<u>/22@ 3pm</u>		
	Sampler:	MB	End	Sampled Date/	/Time:/	/@		
[]	e. coli		1 - 5gm Sa	ample in a 2 oz Cle	ear Glass			
[]**	% Moisture		1 - 5gm Sa	imple in a 2 oz Cle	ear Glass	47.00		
[]	Arsenic, Total		1 - 5gm Sa	ımple in a 2 oz Cle	ear Glass			
	Cadmium, Total							
	Lead, Total Mercury, Total							
[]	Salmonella		1 - 5gm Sa	ımple in a 2 oz Cle	ear Glass			
	Cannabis Hemp Poten			ımple in a 2 oz Cle				
[X]	Total THC		i ogiii oo					
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	[] ** Required when to	esting for Potency	in Flower					
	[] Check the box nex	t to the test that yo	ou are submitting a	a sample for.				
				n =				
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		<u>uu </u>	Date Time			Date Time 1 / 1 / 22		
Relinquished by:	s correct as listed. Client Initials		Date Time	Received by:		Date Time		
	tion to use Subcontract lab Clien	Initials	Delv _Z		Tmpl Ck Log by	Lab use Only		
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ENI	OYNE Inc.	160 James Brown Dr. Williston, VT 05495 Ph 802-879-4333	ι	56 Etna Road ∟ebanon, NH 03766 Ph 603-678-4891	Plattsbu	/ York Rd. rgh, NY 12903 563-1720		

Fax 518-563-0052

Ph 603-678-4891 Fax 603-678-4893

Fax 802-879-7103

Endyne Inc. COC

Lab Use WO#

Cannabis	Testing	Prepared: 11/8/22	Lab ose won
		1	00725
Addr: City:		CANI	NABIS
State: Ph:	Zipcode:email:_	W-1007	725CB
		Composite	
001 <u>Ma</u>	<u> 100001-002 10g. 1</u>		ed Date/Time: <u>\lambda / \lambda / \lambda / 22 @ 3pm</u>
	Sampler: _	MB End Sample	ed Date/Time://@
[]	e. coli	1 - 5gm Sample in a	a 2 oz Clear Glass
[]**_	% Moisture	1 - 5gm Sample in a	a 2 oz Clear Glass
[]	Arsenic, Total	1 - 5gm Sample in a	a 2 oz Clear Glass
	Cadmium, Total		
	Lead, Total		
_	Mercury, Total		
[]	Salmonella	1 - 5gm Sample in a	a 2 oz Clear Glass
1>4	Cannabis Hemp Potency	1 - 5gm Sample in a	a 2 oz Clear Glass
	Total THC		
	THCA		
	Delta 9 THC		
	[] ** Required when testing	for Potency in Flower	
	[] Check the box next to the	e test that you are submitting a sample	for.
	. [] Flower [] Oil [X]. Edible	
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Relinquished by		Date Time Received by:	Date Time (1/ 1/ 22 /G
	rs correct as listed. Client Initials	Date Time	Dale Time
	tion to use Subcontract lab Client Initials	Delv: 09 Temp C:	Tmpl Ck <u>Lab use Only</u> Log by
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Requested Turn	around Time: Routine: Rush Due Date		7 2 7

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Lab Use WO#