

CERTIFICATE OF ANALYSIS

Laboratory Certification # CL502021001

License # TLAB0028

Martha Bruhl

63 Maple St.

Middlebury, VT 05753

PROJECT: Cannabis Testing
WORK ORDER: 2211-33278
DATE RECEIVED: November 15, 2022
DATE REPORTED: November 30, 2022
SAMPLER: Martha Bruhl

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.

100725

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

www.endynelabs.com

DATE REPORTED: 11/30/2022

TRP

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CLIENT: Martha Bruhl PROJECT: Cannabis Testing

Delta 9 THC

 WORK ORDER:
 2211-33278

 DATE RECEIVED:
 11/15/2022

11/29/22

001 ID: 10g Butter MANU	J0001-004			Date Sampled:	11/15/22 Time:	12:30
Parameter	Result	<u>Units</u>	Method	Analysis Date/Time	e <u>Tech</u>	Qual.
Cannabis/Hemp Potency						
Total THC	1.19	% Wt	HPLC-UV	11/29/22 TRP		
THCA	< 0.08	% Wt	HPLC-UV	11/29/22	TRP	
Delta 9 THC	1.19	% Wt	HPLC-UV	11/29/22 TRP		
002 ID: 10g Butter MANU	J0001-005			Date Sampled:	11/15/22 Time:	12:30
Parameter	Result	Units	Method	Analysis Date/Time	e <u>Tech</u>	<u>Qual.</u>
Cannabis/Hemp Potency						
Total THC	1.03	% Wt	HPLC-UV	11/29/22	/29/22 TRP	
THCA	< 0.07	% Wt	HPLC-UV	11/29/22	TRP	

HPLC-UV

1.03

% Wt



	s Testing	. E	Indyne Inc. COC Prepared: 11/8/22	2211-33278	
City: <u>M\C</u> State: <u>V</u>	Maple St. Idlebury Zipcode: 05472	()) ((1007 CANNA!	2211-3327 Aartha Bruhl Cannabis Testing	8 8
	<u>349~3564</u> email: <u>-</u> .1100001 -004		Sampled [Date/Time:	15/22@12:30
	Sampler:	Martha Br			
[]	e. coli		1 - 5gm Sample in a 2 c	oz Clear Glass	· · · · · · · · · · · · · · · · · · ·
[]**_	% Moisture		1 - 5gm Sample in a 2 c	z Clear Glass	
	Arsenic, Total Cadmium, Total Lead, Total Mercury, Total		1 - 5gm Sample in a 2 c	z Clear Glass	
[]	Salmonella		1 - 5gm Sample in a 2 o	z Clear Glass	
M	Cannabis Hemp Potenc Total THC THCA	v	1 - 5gm Sample in a 2 o	z Clear Glass	
	Delta 9 THC [] ** Required when te [] Check the box next		ower e submitting a sample for.	· · · · · · · · · · · · · · · · · · ·	
:		[]Flower [] Oil 🖂 Edible		
Relinquished by:	Mortus Bre	ml 11/15/22	B:30 Accepted by:		Date Time
Relinquished by: Sites/Parameters	s correct as listed. Client Initials		Time		11/15/21 Date T/me
`	ion to use Subcontract lab Client	Initials	Delv: 18.0 Temp C: Carl D Comment:	Tmpl Ck Log by	Lab use Only
Special reporting	instructions: (PO#)	Date	fail \$150.00	CK 120 Pa	ige 1 f2
	PYNE Inc. ww.endynelabs.com	160 James Brown Dr. Williston, VT 05495 Ph 802-879-4333 Fax 802-879-7103	56 Etna Road Lebanon, NH 0376 Ph 603-678-4891 Fax 603-678-4893	6 Plattsl Ph 51	<i>9</i> ew York Rd. burgh, NY 12903 8-563-1720 18-563-0052

Cannabi	s Testing		Endyne Inc. COC Prepared: 11/8/22			Lab Use WO#	
Name:			100725				
Addr: City:			CANNABIS				
State:	Zipcode:						•
Ph:	email:		W-1007	725CB			Page 1 of 1
001_ma	nu0001-005	0g. butter	Sample	ed Dat	e/Time:	11/15/	22@12:30
	Sampler:	Martha F	<u>3</u> ruhl		•		
[]	e. coli		1 - 5gm Sample in a	a 2 oz (Clear Glass		
[]**	% Moisture		1 - 5gm Sample in a	1 2 oz C	lear Glass		
[]	Arsenic, Total Cadmium, Total Lead, Total		1 - 5gm Sample in a	1 2 oz C	Clear Glass		- - - - -
-	Mercury, Total						
[]	Saimonella		1 - 5gm Sample in a	2 oz C	lear Glass		· .
1/4	Cannabis Hemp Potency Total THC		1 - 5gm Sample in a	12 oz C	lear Glass		•
·	THCA						
	Delta 9 THC						
							
	[] ** Required when tes	ting for Potency in	Flower			, · ·	
•	[] Check the box next t	o the test that you	are submitting a sample	for.	÷.		
			·				
		[] Flower	[] Oil [🔨] Edible	,			
					· .	•	
Relinquished by	Maxture Bru)
Relinquished by		<u>с</u>	Date Time Received by:	$\langle \cdot \rangle$			Date Time 11/15-122 1530
Sites/Parameter	s correct as listed. Client Initials		Date Time		******		Date Time
Client Authorization to use Subcontract lab Client Initials			Delv: 45 Temp C: 18-0		Tmp Log	bl Ck by	Lab use Only
Sample origin: Special reporting	VT NH NY instructions: (PO#)	Other	Comment:			•	
,	around Time: Routine: Rush Due Da	te		-			2072
	DYNE Inc.	160 James Brown Dr. Williston, VT 05495 Ph 802-879-4333 Fax 802-879-7103	56 Etna Road Lebanon, NH Ph 603-678-4 Fax 603-678-	03766 891		315 New York Plattsburgh, N Ph 518-563-1 Fax 518-563-0	Y 12903 720