



CERTIFICATE OF ANALYSIS

Laboratory Certification # CL502021001

License # TLAB0028

Martha Bruhl	100725
63 Maple St.	
Suite 7	
Middlebury, VT 05753	

PROJECT: Cannabis Testing

WORK ORDER: **2212-34564**

DATE RECEIVED: December 02, 2022

DATE REPORTED: December 08, 2022

SAMPLER: Martha

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:

A handwritten signature in black ink, appearing to read "H. Locker", written over a horizontal line.

Harry B. Locker, Ph.D.
Laboratory Director

www.endynelabs.com

CERTIFICATE OF ANALYSIS

DATE REPORTED: 12/08/2022

CLIENT: Martha Bruhl
PROJECT: Cannabis Testing

WORK ORDER: 2212-34564
DATE RECEIVED: 12/02/2022

001 ID: MANU0001-007 10g Butter Date Sampled: 12/2/22 Time: 15:00

Parameter	Result	Units	Method	Analysis Date/Time	Tech	Qual.
Cannabis/Hemp Potency						
Total THC	0.79	% Wt	HPLC-UV	12/7/22	TRP	
THCA	< 0.19	% Wt	HPLC-UV	12/7/22	TRP	
Delta 9 THC	0.79	% Wt	HPLC-UV	12/7/22	TRP	

002 ID: MANU0001-008 10g Butter Date Sampled: 12/2/22 Time: 15:00

Parameter	Result	Units	Method	Analysis Date/Time	Tech	Qual.
Cannabis/Hemp Potency						
Total THC	0.74	% Wt	HPLC-UV	12/7/22	TRP	
THCA	< 0.19	% Wt	HPLC-UV	12/7/22	TRP	
Delta 9 THC	0.74	% Wt	HPLC-UV	12/7/22	TRP	

Cannabis Testing

Endyne Inc. COC

2212-34564

Prepared: 11/8/22



Name: Martha Bruhl
Addr: 63 Maple St. Suite 7
City: Middlebury
State: VT Zipcode: 05753
Ph: 802-349-3564 email: fogvalleyfarm802@gmail.com

1
CANI Martha Bruhl
Cannabis Testing

001 MANU0001-007 10g. butter

Sampled Date/Time: 12/2/22 @ 3:00PM

Sampler: Martha Bruhl

- [] e. coli 1 - 5gm Sample in a 2 oz Clear Glass
[]** % Moisture 1 - 5gm Sample in a 2 oz Clear Glass
[] Arsenic, Total 1 - 5gm Sample in a 2 oz Clear Glass
Cadmium, Total
Lead, Total
Mercury, Total
[] Salmonella 1 - 5gm Sample in a 2 oz Clear Glass
[X] Cannabis Hemp Potency 1 - 5gm Sample in a 2 oz Clear Glass
Total THC
THCA
Delta 9 THC

Rush des 12/8/22
- CSS 12/2/22

[]** Required when testing for Potency in Flower
[] Check the box next to the test that you are submitting a sample for.

[] Flower [] Oil [X] Edible

Relinquished by: Martha Bruhl 12/2/22 4:00pm Accepted by:
Relinquished by: Received by: 12/2/22 1557

Sites/Parameters correct as listed. Client Initials
Client Authorization to use Subcontract lab Client Initials
Sample origin: VT [] NH [] NY [] Other []
Special reporting instructions: (PO#)
Requested Turnaround Time: Routine: Rush Due Date 12/8/2022

Delv: CS Impl-CK Lab use Only
Temp C: 19.4 Log by
Comment:
paid 1190.00 CSS 12/2/22 Page 1 of 2

Cannabis Testing

Endyne Inc. COC

Prepared: 11/8/22

Lab Use WO#

Name: _____
Addr: _____
City: _____
State: _____ Zipcode: _____
Ph: _____ email: _____

100725



CANNABIS



W-100725CB



Page 1 of 1

001 manu0001-008 10g. butter

Sampled Date/Time: 12/2/22 @ 3:00pm

Sampler: Martha Bruhl

- e. coli 1 - 5gm Sample in a 2 oz Clear Glass

- ** % Moisture 1 - 5gm Sample in a 2 oz Clear Glass

- Arsenic, Total 1 - 5gm Sample in a 2 oz Clear Glass
- Cadmium, Total
- Lead, Total
- Mercury, Total

- Salmonella 1 - 5gm Sample in a 2 oz Clear Glass

- Cannabis Hemp Potency 1 - 5gm Sample in a 2 oz Clear Glass
- Total THC
- THCA
- Delta 9 THC

** Required when testing for Potency in Flower

Check the box next to the test that you are submitting a sample for.

Flower Oil Edible

Relinquished by: Martha Bruhl 12/2/22 4:00pm Accepted by: _____

Date Time

Date Time

Relinquished by: _____ Received by: _____

Date Time

Date Time

Sites/Parameters correct as listed. Client Initials _____

Client Authorization to use Subcontract lab Client Initials _____

Sample origin: VT NH NY Other

Special reporting instructions: (PO#) _____

Requested Turnaround Time: Routine: Rush Due Date 12/8/22

Delivered	Temp C: <u>19.0</u>	Temp Ck	Lab use Only
Comment:		Log by	
<u>Paid \$187.50 cc 4094 page 2 of 2</u>			



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

815 New York Rd.
Plattsburgh, NY 12903
Ph 518-563-1720
Fax 518-563-0052