



CERTIFICATE OF ANALYSIS

Laboratory Certification # CL502021001

License # TLAB0028

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

PROJECT: Cannabis Testing
WORK ORDER: **2212-34878**
DATE RECEIVED: December 06, 2022
DATE REPORTED: December 20, 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 be "H. Locker", written over a horizontal line.

Harry B. Locker, Ph.D.
Laboratory Director

www.endynelabs.com

CERTIFICATE OF ANALYSIS

DATE REPORTED: 12/20/2022

CLIENT: Martha Bruhl
PROJECT: Cannabis Testing

WORK ORDER: 2212-34878
DATE RECEIVED: 12/06/2022

001	ID: MANU0001-009 10g Butter	Date Sampled: 12/6/22	Time: 13:15
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<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Method</u>	<u>Analysis Date/Time</u>	<u>Tech</u>	<u>Qual.</u>
Cannabis/Hemp Potency						
Total THC	0.76	% Wt	HPLC-UV	12/19/22	TRP	
THCA	< 0.09	% Wt	HPLC-UV	12/19/22	TRP	
Delta 9 THC	0.76	% Wt	HPLC-UV	12/19/22	TRP	

002	ID: MANU0001-010 10g Butter	Date Sampled: 12/6/22	Time: 13:15
-----	-----------------------------	-----------------------	-------------

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Method</u>	<u>Analysis Date/Time</u>	<u>Tech</u>	<u>Qual.</u>
Cannabis/Hemp Potency						
Total THC	0.58	% Wt	HPLC-UV	12/19/22	TRP	
THCA	< 0.07	% Wt	HPLC-UV	12/19/22	TRP	
Delta 9 THC	0.58	% Wt	HPLC-UV	12/19/22	TRP	

003	ID: MANU0001-011 10g Butter	Date Sampled: 12/6/22	Time: 13:15
-----	-----------------------------	-----------------------	-------------

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Method</u>	<u>Analysis Date/Time</u>	<u>Tech</u>	<u>Qual.</u>
Cannabis/Hemp Potency						
Total THC	0.64	% Wt	HPLC-UV	12/19/22	TRP	
THCA	< 0.07	% Wt	HPLC-UV	12/19/22	TRP	
Delta 9 THC	0.64	% Wt	HPLC-UV	12/19/22	TRP	

Cannabis Testing

Endyne Inc. COC

2212-34878

Prepared: 11/8/22



Name: Martha Bruhl
Addr: 63 Maple St. Suite 7
City: Middlebury, VT

10

Martha Bruhl
Cannabis Testing

CANN

State: VT Zipcode: 05753
Ph: 802-349-3564 email: fogvalleyfarm802@gmail.com W-1007:

001 manu001-009 10g. butter

Sampled Date/Time: 12/6/22 @ 1:15pm

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 12/6/22 2:35 Date Time Accepted by: _____ Date Time
Relinquished by: _____ Date Time Received by: _____ 12/6/22 1435 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 _____

Delv: 9 Tmpl Ck Lab use Only
Temp C: 9.7 Log by
Comment:
Page 1 of 3



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 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 Manu0001-010 10g. butter

Sampled Date/Time: 12/6/22 @ 1:15PM

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

12/6/22 2:35PM
Date Time

Accepted by: _____

Date Time

Relinquished by: _____

Date Time

Received by: _____

12/6/22 14:35
Date Time

Sites/Parameters correct as listed. Client Initials _____

Client Authorization to use Subcontract lab Client Initials _____

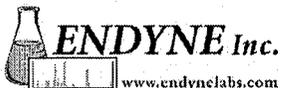
Sample origin: VT NH NY Other

Special reporting instructions: (PO#) _____

Requested Turnaround Time: Routine: Rush Due Date _____

Delv: <input checked="" type="checkbox"/>	Temp Ck	Lab use Only
Temp Ck: 7	Log by	
Comment:		

Page 2 of 3



160 James Brown Dr.
Williston, VT 05495
Ph 802-879-4333
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56 Etna Road
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Fax 603-678-4893

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

Cannabis Testing

Endyne Inc. COC

Prepared: 11/8/22

Lab Use WO#

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

100725



CANNABIS



W-100725CB



001 MANU0001-011 10g. butter

Sampled Date/Time: 12/6/22 @ 1:15

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 12/6/22 2:35pm accepted by: _____
Date Time Date Time

Relinquished by: _____ Received by: _____ 12/6/22 19:35
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 _____

Delv: <u>as</u>	Temp C: <u>9.7</u>	Comment: <u>Paid \$225 ck 121 Page 3 of 3</u>
Tmpl Ck Log by		Lab use Only



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