



## CERTIFICATE OF ANALYSIS

Laboratory Certification # CL502021001

License # TLAB0028

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

PROJECT: Cannabis Testing  
WORK ORDER: **2212-35551**  
DATE RECEIVED: December 12, 2022  
DATE REPORTED: December 27, 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](http://www.endynelabs.com)

**CERTIFICATE OF ANALYSIS**

DATE REPORTED: 12/27/2022

CLIENT: Martha Bruhl  
PROJECT: Cannabis Testing

WORK ORDER: **2212-35551**  
DATE RECEIVED: 12/12/2022

001 ID: MANU0001-012 10g Butter Date Sampled: 12/12/22 Time: 15:15

<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	0.71	% Wt	HPLC-UV	12/21/22	TRP	
THCA	< 0.08	% Wt	HPLC-UV	12/21/22	TRP	
Delta 9 THC	0.71	% Wt	HPLC-UV	12/21/22	TRP	

002 ID: MANU0001-013 10g Butter Date Sampled: 12/12/22 Time: 15:15

<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	0.74	% Wt	HPLC-UV	12/21/22	TRP	
THCA	< 0.07	% Wt	HPLC-UV	12/21/22	TRP	
Delta 9 THC	0.74	% Wt	HPLC-UV	12/21/22	TRP	

003 ID: MANU0001-014 10g Butter Date Sampled: 12/12/22 Time: 15:15

<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	0.73	% Wt	HPLC-UV	12/21/22	TRP	
THCA	< 0.06	% Wt	HPLC-UV	12/21/22	TRP	
Delta 9 THC	0.73	% Wt	HPLC-UV	12/21/22	TRP	

004 ID: MANU0001-015 10g Butter Date Sampled: 12/12/22 Time: 15:15

<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	0.81	% Wt	HPLC-UV	12/21/22	TRP	
THCA	< 0.08	% Wt	HPLC-UV	12/21/22	TRP	
Delta 9 THC	0.81	% Wt	HPLC-UV	12/21/22	TRP	

005 ID: MANU0001-007-003 Unbaked 11g Date Sampled: 12/12/22 Time: 15:15

<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	0.06	% Wt	HPLC-UV	12/21/22	TRP	
THCA	< 0.02	% Wt	HPLC-UV	12/21/22	TRP	
Delta 9 THC	0.06	% Wt	HPLC-UV	12/21/22	TRP	

Cannabis Testing

Endyne Inc. COC

2212-35551

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 W-10072E

100:

CANNA

Martha Bruhl
Cannabis Testing

001 manu0001-012 10g. butter

Sampled Date/Time: 12/12/22 @ 3:15pm

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

[X] 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 [X] Edible

Relinquished by: Martha Bruhl 12/12/22 4:45pm

Accepted by: \_\_\_\_\_ Date Time

Relinquished by: \_\_\_\_\_ Date Time

Received by: [Signature] 12/12/22 6:45 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: 25 Temp C: 1304 Comment:
Tmpl CK Log by Lab use Only
[Signature]



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

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001 MANU0001-014 10g. butter

Sampled Date/Time: 12/12/22 @ 3:15pm

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 12/12/22 4:45pm 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 \_\_\_\_\_

Delv:	Temp C:	Comment:	Temp Ck	Log by	Lab use Only
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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

Page 1 of 1

001 ManU0001-015 10g. butter

Sampled Date/Time: 12/12/22 @ 3:15pm

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 12/12/22 4:45pm 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 \_\_\_\_\_

Delv: \_\_\_\_\_ Tmpl Ck \_\_\_\_\_ Lab use Only \_\_\_\_\_  
Temp C: \_\_\_\_\_ Log by \_\_\_\_\_  
Comment: \_\_\_\_\_  
Page 4 of 5



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# 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 ManV0001-007-003 unbaked 1lg.

Sampled Date/Time: 12/12/22 @ 3:15pm

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 12/12/22 4:45pm 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 \_\_\_\_\_

Delv:	Temp Ck	Lab use Only
Temp C:	Log by	
Comment:		

paid \$375 ck 122 page 5 of 5



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