

## CERTIFICATE OF ANALYSIS

## Laboratory Certification # CL502021001

#### License # TLAB0028

Martha Bruhl 100725

63 Maple St.

Suite 7

Middlebury, VT 05753

PROJECT: Cannabis Testing

WORK ORDER: 2212-36625

DATE RECEIVED: December 22, 2022

January 06, 2023

SAMPLER: Martha

DATE REPORTED:

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: 01/06/2023

CLIENT: Martha Bruhl WORK ORDER: 2212-36625
PROJECT: Cannabis Testing DATE RECEIVED: 12/22/2022

001 ID: MANU0001-016 10	g Butter			Date Sampled:	12/22/22 Time:	11:00
<u>Parameter</u>	<u>Result</u>	<u>Units</u>	Method	Analysis Date/Ti	me <u>Tech</u>	Qual.
Cannabis/Hemp Potency						
Total THC	0.71	% Wt	HPLC-UV	1/4/23	TRP	
THCA	< 0.07	% Wt	HPLC-UV	1/4/23	TRP	
Delta 9 THC	0.71	% Wt	HPLC-UV	1/4/23	TRP	
002 ID: MANU0001-017 10	Date Sampled:	12/22/22 Time:	11:00			
<u>Parameter</u>	Result	<u>Units</u>	Method	Analysis Date/Ti	me <u>Tech</u>	Qual.
Cannabis/Hemp Potency						
Total THC	0.72	% Wt	HPLC-UV	1/4/23	TRP	
THCA	< 0.06	% Wt	HPLC-UV	1/4/23	TRP	
Delta 9 THC	0.72	% Wt	HPLC-UV	1/4/23	TRP	



# **Cannabis Testing**

**Endyne Inc. COC** 

Prepared: 11/8/22

CANN

2212-36625



Martha Bruhl Cannabis Testing

Name: Martha Bruhl
Addr: 63 Maple St. Suite 7

City: Middlebury, VT

State: VT Zipcode: 05753

Ph: 802-349-35 64 email: fogvalle

email: fogvalleyfarm802@gmail.com W-10072

		3	J		ruse		
)01 <u>\\\</u>	<u> </u>	butter	Sample	ed Date/Time:	12 /22/22@11am		
	Sampler:	Martha Br	uhl				
[ ]	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	-		
M	Cannabis Hemp Potency		1 - 5gm Sample in a	2 oz Clear Glass			
• •	Total THC	<b>\</b>	•				
	THCA		•				
	Delta 9 THC						
	[ ] ** Required when testing	ng for Potency in Flo	wer				
	[ ] Check the box next to	the test that you are	submitting a sample f	for.			
	•						
		[ ] Elower	l Oil IVI Edible				
:	3	[ ] Flower [ ]	Oil [X] Edible				
elinquished by	Motton Bul	12/22/22					
linquished by		Date 1	Time Received by:		Date Time		
es/Paramete	rs correct as listed. Client Initials	Date 1			/ Date/Time		
ent Authoriza	ation to use Subcontract lab Client Initial	ls	Delv:	•	by Lab use Only		
mple origin:	VT NH NY	Other	Comment:	Log	Бу		



Requested Turnaround Time: Routine: Rush Due Date

Special reporting instructions:

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

CKIZG

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#			
Addr: City:	Zipcode:email:			100725 CANNABIS W-100725CB				
		( 1)				Page	1 ot 1	
001 <u>\\\</u> 0	NU0001-017 10 g Sampler:	.butter Martha	Bruhl	Sampled Da	te/Time: <u>\</u>	Z / <u>ZZ / ZZ@ \\O</u>	<u>w</u>	
[]	e. coli		1 - 5gm	Sample in a 2 oz	Clear Glass			
[]**	% Moisture	1 - 5gm Sample in a 2 oz Clear Glass						
[]	Arsenic, Total Cadmium, Total Lead, Total Mercury, Total		1 - 5gm	Sample in a 2 oz (	Clear Glass			
	Salmonella		1 - 5gm	Sample in a 2 oz (	Clear Glass			
₩	Cannabis Hemp Potency Total THC THCA Delta 9 THC		<b>1</b> -5gm	Sample in a 2 oz (	Clear Glass			
	[ ] ** Required when tes	o the test that you	are submittin	g a sample for. ∕∕J Edible				
Relinquished by:		<u> </u>	2 1pm Pate Time	Accepted by:		Date Tir	/ .	
Sites/Parameter	s correct as listed. Client Initials	D	ate Time			Date Tir	me	
Client Authorizat Sample origin: Special reporting	tion to use Subcontract lab Client Ini  VT NH NH NY ( instructions: (PO#)	ials	Delv: Temp Comm	C: 10.0	Tmpl Ck Log by	Lab use Or	лјĀ	
Requested Turns	around Time: Routine: Rush Due Da	le			(/	age Zof Z		
		60 James Berum De		FO Chan Donal				



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