



## CERTIFICATE OF ANALYSIS

Laboratory Certification # CL502021001

License # TLAB0028

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

PROJECT: Cannabis Testing

WORK ORDER: **2301-02129**

DATE RECEIVED: January 20, 2023

DATE REPORTED: February 02, 2023

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: 02/02/2023

CLIENT: Martha Bruhl  
PROJECT: Cannabis Testing

WORK ORDER: **2301-02129**  
DATE RECEIVED: 01/20/2023

001 ID: Manu0001-028 10g Butter Date Sampled: 1/20/23 Time: 11:15

<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	0.94	% Wt	HPLC-UV	2/1/23	TRP	
THCA	< 0.07	% Wt	HPLC-UV	2/1/23	TRP	
Delta 9 THC	0.94	% Wt	HPLC-UV	2/1/23	TRP	

002 ID: Manu0001-029 10g Butter Date Sampled: 1/20/23 Time: 11:15

<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	1.02	% Wt	HPLC-UV	2/1/23	TRP	
THCA	< 0.07	% Wt	HPLC-UV	2/1/23	TRP	
Delta 9 THC	1.02	% Wt	HPLC-UV	2/1/23	TRP	

003 ID: Manu0001-030 10g Butter Date Sampled: 1/20/23 Time: 11:15

<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	0.91	% Wt	HPLC-UV	2/1/23	TRP	
THCA	< 0.07	% Wt	HPLC-UV	2/1/23	TRP	
Delta 9 THC	0.91	% Wt	HPLC-UV	2/1/23	TRP	

004 ID: Manu0001-008-004 10g. Cookie Date Sampled: 1/20/23 Time: 11:15

<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	2/1/23	TRP	
THCA	< 0.02	% Wt	HPLC-UV	2/1/23	TRP	
Delta 9 THC	0.06	% Wt	HPLC-UV	2/1/23	TRP	

005 ID: Manu0001-009-001 10g Cookie Date Sampled: 1/20/23 Time: 11:15

<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	2/1/23	TRP	
THCA	< 0.02	% Wt	HPLC-UV	2/1/23	TRP	
Delta 9 THC	0.06	% Wt	HPLC-UV	2/1/23	TRP	

Cannabis Testing

Endyne Inc. COC

2301-02129

Prepared: 11/8/22



100

Martha Bruhl  
Cannabis Testing

Name: Martha Bruhl

Addr: 103 Maple St. Suite 7

City: Middlebury

State: VT Zipcode: 05753

Ph: 802-349-3564 email: fogvalleyfarm802@gmail.com W-10072!

001 MANU0001-028 10g. butter

Sampled Date/Time: 1/20/23 @ 11:15AM

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 1/20/23 Date Time

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

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

Received by: [Signature] 1/20/23 1630 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 C: 15.0	Trmp Ck Log by	Lab use Only
Comment: <u>Paid \$375 of 140</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

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 manu0001-029 10g. butter

Sampled Date/Time: 1/20/23 @ 11:15am

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 1/20/23 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: \_\_\_\_\_



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

001 Manu0001-030 10g. butter

Sampled Date/Time: 1/20/23 @ 11:15am

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 1/20/23 Date Time Accepted by: \_\_\_\_\_ Date Time  
Relinquished by: \_\_\_\_\_ Date Time Received by: \_\_\_\_\_ 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: \_\_\_\_\_ Tmp/ Ck \_\_\_\_\_ Lab use Only \_\_\_\_\_  
Temp C: \_\_\_\_\_ Log by \_\_\_\_\_  
Comment: \_\_\_\_\_



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 MANU0001-008-004 10g. cookie

Sampled Date/Time: 1 / 20 / 23 @ 11:15AM

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 1/20/23 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:	Temp Ck	Log by	Lab use Only
Comment:				



160 James Brown Dr.  
Williston, VT 05495  
Ph 802-879-4333  
Fax 802-879-7103

58 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

001 Manu0001-009-001 10g. cookie

Sampled Date/Time: 1/20/23@11:15AM

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 1/20/23 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:	Temp Ck	Lab use Only
Comment:		Log by	



160 James Brown Dr.  
Williston, VT 05495  
Ph 802-879-4333  
Fax 802-879-7103

58 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