



## CERTIFICATE OF ANALYSIS

Laboratory Certification # CL502021001

License # TLAB0028

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

PROJECT: Cannabis Testing

WORK ORDER: **2301-00487**

DATE RECEIVED: January 05, 2023

DATE REPORTED: January 11, 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 read "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: 01/11/2023

CLIENT: Martha Bruhl  
 PROJECT: Cannabis Testing

WORK ORDER: 2301-00487  
 DATE RECEIVED: 01/05/2023

001 ID: MANU0001-018 10g Butter Date Sampled: 1/4/23 Time: 18:15

Parameter	Result	Units	Method	Analysis Date/Time	Tech	Qual.
Cannabis/Hemp Potency						
Total THC	0.81	% Wt	HPLC-UV	1/10/23	TRP	
THCA	< 0.06	% Wt	HPLC-UV	1/10/23	TRP	
Delta 9 THC	0.81	% Wt	HPLC-UV	1/10/23	TRP	

002 ID: MANU0001-019 10g Butter Date Sampled: 1/4/23 Time: 18:15

Parameter	Result	Units	Method	Analysis Date/Time	Tech	Qual.
Cannabis/Hemp Potency						
Total THC	0.96	% Wt	HPLC-UV	1/10/23	TRP	
THCA	< 0.06	% Wt	HPLC-UV	1/10/23	TRP	
Delta 9 THC	0.96	% Wt	HPLC-UV	1/10/23	TRP	

003 ID: MANU0001-020 Date Sampled: 1/4/23 Time: 18:15

Parameter	Result	Units	Method	Analysis Date/Time	Tech	Qual.
Cannabis/Hemp Potency						
Total THC	0.83	% Wt	HPLC-UV	1/10/23	TRP	
THCA	< 0.06	% Wt	HPLC-UV	1/10/23	TRP	
Delta 9 THC	0.83	% Wt	HPLC-UV	1/10/23	TRP	

Cannabis Testing

Endyne Inc. COC

2301-00487

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

10

Martha Bruhl
Cannabis Testing

CANN

001 MAN0001-018 10g. butter

Sampled Date/Time: 1/4/23 @ 6:15pm

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 1/5/2023 9:45am Accepted by:
Relinquished by: Received by: 1/5/23 9:00
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: 6.0
Comment: Rush 2 weeks
Log by: Page 3 of 3
Lab use Only
Paid \$281.25
ct 132



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 ManV0001-019 10g. butter

Sampled Date/Time: 1/4/23 @ 6:15pm

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 1/5/2023 9:45am 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: 2

Temp C: 6:0

Comment:

Trmpl Ck

Log by

Lab use Only

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160 James Brown Dr.  
Williston, VT 05495  
Ph 802-879-4333  
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56 Elna Road  
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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 Manu0001-020

Sampled Date/Time: 1/4/23 @ 10:15PM

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 1/5/2023 9:45am Accepted by: \_\_\_\_\_

Date Time

Relinquished by: \_\_\_\_\_ Received by: \_\_\_\_\_

Date Time

Date Time

1/5/23 9:45

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:   
Temp C: 6-11  
Comment:

Temp Ck  
Log by

Lab use Only

Page 3 of 3



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