



## CERTIFICATE OF ANALYSIS

Laboratory Certification # CL502021001

License # TLAB0028

Martha Bruhl	100725
63 Maple St.	
Middlbury, VT 05753	

PROJECT: Cannabis Testing  
WORK ORDER: **2303-07571**  
DATE RECEIVED: March 23, 2023  
DATE REPORTED: April 06, 2023  
SAMPLER: Martha Bruhl

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 "Harry B. Locker". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Harry B. Locker, Ph.D.  
Laboratory Director

[www.endynelabs.com](http://www.endynelabs.com)

CERTIFICATE OF ANALYSIS

DATE REPORTED: 04/06/2023

CLIENT: Martha Bruhl  
PROJECT: Cannabis Testing

WORK ORDER: 2303-07571  
DATE RECEIVED: 03/23/2023

001 ID: MANU001-038 10g Butter Date Sampled: 3/23/23 Time: 12:30

<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	1.10	% Wt	HPLC-UV	4/5/23	TRP	
THCA	< 0.07	% Wt	HPLC-UV	4/5/23	TRP	
Delta 9 THC	1.10	% Wt	HPLC-UV	4/5/23	TRP	

002 ID: MANU001-039 10g Butter Date Sampled: 3/23/23 Time: 12:30

<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	1.07	% Wt	HPLC-UV	4/5/23	TRP	
THCA	< 0.07	% Wt	HPLC-UV	4/5/23	TRP	
Delta 9 THC	1.07	% Wt	HPLC-UV	4/5/23	TRP	

Cannabis Testing

Endyne Inc. COC

Prepared: 2/3/23

2303-07571



Contact:

Martha Bruhl  
103 Maple St.  
Middlebury, VT  
802-349-3504

Customer # 101

CANN

Martha Bruhl  
Cannabis Testing

State: VT Zipcode: 05753  
Email: fogvalleyfarm802@gmail.com W-1007.

001 MANU001-038 10g. butter Sampled Date/Time: 3/23/23 @ 12:30pm Sampler: Martha Bruhl

Moisture, Percentage	1 - 5gm Sample in a 2 oz Clear Glass	<6C
Arsenic, Total	1 - 5gm Sample in a 2 oz Clear Glass	<6C
Cadmium, Total		
Lead, Total		
Mercury, Total		
<input checked="" type="checkbox"/> Cannabis Hemp Potency	1 - 5gm Sample in a 2 oz Clear Glass	<6C

002 MANU001-039 10g. butter Sampled Date/Time: 3/23/23 @ 12:30pm Sampler: Martha Bruhl

Moisture, Percentage	1 - 5gm Sample in a 2 oz Clear Glass	<6C
Arsenic, Total	1 - 5gm Sample in a 2 oz Clear Glass	<6C
Cadmium, Total		
Lead, Total		
Mercury, Total		
<input checked="" type="checkbox"/> Cannabis Hemp Potency	1 - 5gm Sample in a 2 oz Clear Glass	<6C

003 \_\_\_\_\_ Sampled Date/Time: \_\_\_\_/\_\_\_\_/\_\_\_\_ @ \_\_\_\_\_ Sampler: \_\_\_\_\_

Moisture, Percentage	1 - 5gm Sample in a 2 oz Clear Glass	<6C
Arsenic, Total	1 - 5gm Sample in a 2 oz Clear Glass	<6C
Cadmium, Total		
Lead, Total		
Mercury, Total		
Cannabis Hemp Potency	1 - 5gm Sample in a 2 oz Clear Glass	<6C

004 \_\_\_\_\_ Sampled Date/Time: \_\_\_\_/\_\_\_\_/\_\_\_\_ @ \_\_\_\_\_ Sampler: \_\_\_\_\_

Moisture, Percentage	1 - 5gm Sample in a 2 oz Clear Glass	<6C
Arsenic, Total	1 - 5gm Sample in a 2 oz Clear Glass	<6C
Cadmium, Total		
Lead, Total		
Mercury, Total		
Cannabis Hemp Potency	1 - 5gm Sample in a 2 oz Clear Glass	<6C

005 \_\_\_\_\_ Sampled Date/Time: \_\_\_\_/\_\_\_\_/\_\_\_\_ @ \_\_\_\_\_ Sampler: \_\_\_\_\_

Moisture, Percentage	1 - 5gm Sample in a 2 oz Clear Glass	<6C
Arsenic, Total	1 - 5gm Sample in a 2 oz Clear Glass	<6C
Cadmium, Total		
Lead, Total		
Mercury, Total		
Cannabis Hemp Potency	1 - 5gm Sample in a 2 oz Clear Glass	<6C

Relinquished by: Martha Bruhl 3/23/23 4:30pm Accepted by: \_\_\_\_\_ Date Time  
Relinquished by: \_\_\_\_\_ Received by: \_\_\_\_\_ 3/23/23 10:30 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: 15.9  
Comment: Paid  
\$150 CK 176  
Tmpl Ck  
Log by  
Lab use Only