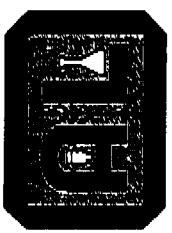


A & L PLAINS AGRICULTURAL LABORATORIES, INC.
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REPORT NUMBER TraceAnalysis, Inc. Submitted by
 6701 Aberdeen Ave., Ste. 9 Lubbock, TX 79424
 August 9, 2010 Page 1

FERTILIZER AND LIME ANALYSIS REPORT

| Sample | Aprox. Analysis | Lab No: | Nitrogen % | Total Phosphorus % | Potash K ₂ O % | Available Phosphate P ₂ O ₅ % | Insoluble Phosphate P ₂ O ₅ % | Total Sulfur S % | | |
|-------------|-----------------|-------------|------------|--------------------|---------------------------|---|---|------------------|------------|----|
| 240070 | | 36487 | 0.11 | 13.00 | | | | 0.75 | | |
| % Recovery | | | 101.0 | 98.4 | | | | 98.7 | | |
| % Deviation | | | 0.47 | 0.83 | | | | 1.33 | | |
| | Magnesium Mg % | Copper Cu % | Lead Pb % | Manganese Mn % | Zinc Zn % | NH ₃ -N Ammonia % | Calcium Ca % | Sodium Na % | Chloride % | pH |
| 240070 | | | | | | | | | | |
| % Recovery | | | | | | | | | | |
| % Deviation | | | | | | | | | | |

A&L Agricultural Labs, Inc
 By: *[Signature]*

This report applies only to the sample(s) tested. Samples are retained a maximum of thirty days after testing.

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BioAquatic Testing
 2501 Mayes Rd., Ste 100
 Carrollton, Texas 75006
 Tel (972) 242-7750

Company Name: BioAquatic Phone #: _____
 Address: _____ (Street, City, Zip) Fax #: _____
 Contact Person: Paul Fletcher E-mail: _____
 Invoice to: _____ (If different from above)
 Project #: _____ Project Name: Bio Brass
 Project Location (including state): _____ Sampler Signature: _____

| LAB # (LAB USE ONLY) | FIELD CODE | # CONTAINERS | Volume / Amount | MATRIX | | | PRESERVATIVE METHOD | | | | | SAMPLING | | |
|-------------------------|------------|--------------|-----------------|--------|------|-----|---------------------|-----|------------------|--------------------------------|------|----------|--------|------|
| | | | | WATER | SOIL | AIR | SLUDGE | HCl | HNO ₃ | H ₂ SO ₄ | NaOH | ICE | NONE | DATE |
| 240070 | Bio Brass | 1 | 500 Y | | | | | | | | | | 8-5-10 | |
| | | | | | | | | | | | | | | |

ANALYSIS REQUEST
 (Circle or Specify Method No.)

| | |
|--|--|
| <input checked="" type="checkbox"/> MTBE 8021 / 602 / 8260 / 624 | <input type="checkbox"/> Total Metals Ag As Ba Cd Cr Pb Se Hg 6010/200.7 |
| <input type="checkbox"/> TPH 418.1 / TX1005 / TX1005 Ex(C35) | <input type="checkbox"/> TCLP Metals Ag As Ba Cd Cr Pb Se Hg |
| <input type="checkbox"/> BTEX 8021 / 602 / 8260 / 624 | <input type="checkbox"/> TCLP Volatiles |
| <input type="checkbox"/> TPH 8015 GRO / DRO / TVHC | <input type="checkbox"/> TCLP Semi Volatiles |
| <input type="checkbox"/> PAH 8270 / 625 | <input type="checkbox"/> TCLP Pesticides |
| <input type="checkbox"/> GC/MS 8021 / 602 / 8260 / 624 | <input type="checkbox"/> RCI |
| <input type="checkbox"/> GC/MS Semi. Vol. 8270 / 625 | <input type="checkbox"/> PCB's 8082 / 608 |
| <input type="checkbox"/> Pesticides 8081 / 608 | <input type="checkbox"/> BOD, TSS, pH |
| <input type="checkbox"/> Moisture Content | <input type="checkbox"/> Cl, F1, S04, NO3, NO2, Alkalinity |
| <input type="checkbox"/> Na, Ca, Mg, K, TDS, EC | <input checked="" type="checkbox"/> Nitrogen |
| <input type="checkbox"/> Turn Around Time if different from standard | <input checked="" type="checkbox"/> Ammonia |
| | <input checked="" type="checkbox"/> Phosphorus |
| | <input checked="" type="checkbox"/> Sulfur |

Relinquished by: _____ Company: _____ Date: _____ Time: _____ INST ID: OBS 22.0 C
 Received by: Cond Fox Company: Trace Date: 8-5-10 Time: 9:10 a.m. INST: COR 23.0 C

Relinquished by: _____ Company: _____ Date: _____ Time: _____ INST: _____
 Received by: _____ Company: _____ Date: _____ Time: _____ OBS: _____
 Relinquished by: _____ Company: _____ Date: _____ Time: _____ INST: _____
 Received by: _____ Company: _____ Date: _____ Time: _____ OBS: _____
 COR: _____

REMARKS: Send to A+L
Need Fertilizer Value of

LAB USE ONLY

Intact N
 Headspace Y/N/NA

Dry Weight Basis Required
 TRRP Report Required
 Check if Special Reporting Limits Are Needed

Carrier # LS 26344804 AUG 10 2010 fert.

Submittal of samples constitutes agreement to Terms and Conditions listed on reverse side of C. O. C.