

INVOICE

Alderlake

SPECTRA Laboratories

2221 Ross Way, Tacoma Washington 98421 - (253) 272-4850 - Fax: (253) 572-9838 - Tax ID: #45-4776537

BILL TO:
ILIAD, Inc.
Accounts Payable
PO Box 20098
Seattle, WA 98102

INVOICE NUMBER 106268
INVOICE DATE 2/3/2016
SPECTRA PROJECT 2016010654
P.O. #
DATE RECEIVED 1/28/2016
CLIENT PROJECT Alderlake
TERMS Net 30 Days
DUE DATE 3/4/2016

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Bacteria in Drinking Water	1	\$18.00	\$18.00
		Subtotal	\$18.00
		Amount Due	\$18.00

RECEIVED
BY: Feb 11 2016

THANK YOU FOR YOUR BUSINESS!

We accept Visa, Mastercard or Discover

Past due balances are subject to 1.5% monthly service charge



Burlington WA
 Corporate Office
 1620 S Walnut St - 98233
 800.755.9295 • 360.757.1400 • 360.757.1402tax

INVOICE

Client No: ILI01
 Client: ILIAD, INC.
 1107 SOUTH BAILEY STREET
 SEATTLE, WA 98102
 Attn: Mr. Jared Hays

Please include Reference number with payment

Reference: **16-02855**
 Date: February 10, 2016
 Project: Alderlake Bacteria
 Date Received: February 09, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Description	Type of Analysis	Extended Cost
1	6611.00	Alderlake Bacteria	Lot 1A	Chromogenic Substrate Test (Coliforms)	\$19.00
Grand Total:					\$19.00
Amount Paid:					\$0.00
Amount Due (US Dollars):					\$19.00

RECEIVED
 FEB 10 2016
 BY: _____

Thank You for Your Business

Please pay to corporate office by March 11, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-02855**
 Amount Due: **\$19.00** in US Dollars
 ILIAD, INC.
 1107 SOUTH BAILEY STREET
 SEATTLE, WA 98102
 ILI01

Please Remit To:
 Edge Analytical, Inc.
 1620 S Walnut St
 Burlington, WA 98233
 OR you can pay on-line at:
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 User Name: Pay Password: Edge



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INVOICE

Client No: ILI01
 Client: ILIAD, INC.
 1107 SOUTH BAILEY STREET
 SEATTLE, WA 98108
 Attn: Mr. Jared Hays

Please include Reference number with payment

Reference: **16-06131**
 Date: March 23, 2016
 Project: Alderlake Bacteria
 Date Received: March 22, 2016
 Purchase Order:

Item	Lab Sample		Client Sample		Type of Analysis	Extended Cost
	Number	Number	Description			
1	14311.00	Alderlake Bacteria	Lot 12		Chromogenic Substrate Test (Coliforms)	\$19.00
Grand Total:						\$19.00
Amount Paid:						\$0.00
Amount Due (US Dollars):						\$19.00



Thank You for Your Business

Please pay to corporate office by April 22, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-06131**
 Amount Due: **\$19.00** in US Dollars
 ILIAD, INC.
 1107 SOUTH BAILEY STREET
 SEATTLE, WA 98108
 ILI01

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SPECTRA Laboratories

2221 Ross Way, Tacoma Washington 98421 - (253) 272-4850 - Fax: (253) 572-9838 - Tax ID: #45-4776537

BILL TO:

ILIAD, Inc.

Accounts Payable

1107 S Bailey St

Seattle, WA 98108

INVOICE NUMBER 108731

INVOICE DATE 5/3/2016

SPECTRA PROJECT 2016040782

P.O. #

DATE RECEIVED 4/27/2016

CLIENT PROJECT Alder Lake

TERMS Net 30 Days

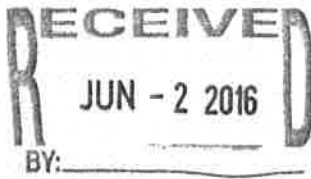
DUE DATE 6/2/2016

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Bacteria in Drinking Water	1	\$18.00	\$18.00
		Subtotal	\$18.00
		Amount Due	\$18.00 ✓

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SPECTRA Laboratories

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BILL TO: ILIAD, Inc. Accounts Payable 1107 S Bailey St Seattle, WA 98108
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INVOICE NUMBER	109635
INVOICE DATE	5/31/2016
SPECTRA PROJECT	2016050911
P.O. #	
DATE RECEIVED	5/26/2016
CLIENT PROJECT	Alder lake
TERMS	Net 30 Days
DUE DATE	6/30/2016

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Bacteria in Drinking Water	1	\$18.00	\$18.00
		Subtotal	\$18.00
		Amount Due	\$18.00

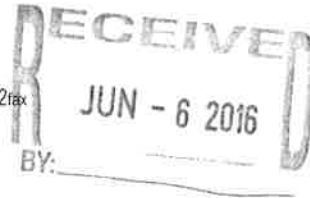
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 SEATTLE, WA 98108
 Attn: Mr. Jared Hays

Please include Reference number with payment

Reference: **16-12902**
 Date: June 6, 2016
 Project: Alderlake Bacteria
 Date Received: June 03, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Client Sample Description	Type of Analysis	Extended Cost
1	29330.00	Alderlake Bacteria	Lot 12	Chromogenic Substrate Test (Coliforms)	\$19.00

Grand Total:	\$19.00
Amount Paid:	\$0.00
Amount Due (US Dollars):	\$19.00

Thank You for Your Business

Please pay to corporate office by July 6, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-12902**
 Amount Due: \$19.00 in US Dollars
 ILIAD, INC.
 1107 SOUTH BAILEY STREET
 SEATTLE, WA 98108
 ILI01

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 1107 SOUTH BAILEY STREET
 SEATTLE, WA 98108
 Attn: Mr. Jared Hays

Please include Reference number with payment

Reference: **16-15807**
 Date: July 7, 2016
 Project: Alderlake Bacteria
 Date Received: July 06, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Description	Type of Analysis	Extended Cost
1	37709.00	Alderlake Bacteria	Lot 10	Chromogenic Substrate Test (Coliforms)	\$19.00

Grand Total:	\$19.00
Amount Paid:	\$0.00
Amount Due (US Dollars):	\$19.00



Thank You for Your Business

Please pay to corporate office by August 6, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here * and return this portion with your payment

Reference: **16-15807**
 Amount Due: \$19.00 in US Dollars
 ILIAD, INC.
 1107 SOUTH BAILEY STREET
 SEATTLE, WA 98108
 ILI01

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INVOICE

Client No: ILI01

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Client: ILIAD, INC.
 1107 SOUTH BAILEY STREET
 SEATTLE, WA 98108

Reference: **16-15699**

Date: July 18, 2016

Project: Alderlake Bacteria

Date Received: July 06, 2016

Purchase Order:

Attn: Mr. Jamie Tucker

Item	Lab Sample Number	Client Sample Number	Description	Type of Analysis	Extended Cost
1	37422.00	Alderlake	Entry	Complete IOC	\$356.00
2	37422.00	Alderlake	Entry	Volatile Organics	\$218.00

Grand Total: \$574.00

Amount Paid: \$0.00

Amount Due (US Dollars): \$574.00

Thank You for Your Business

Please pay to corporate office by August 17, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-15699**
 Amount Due: \$574.00 in US Dollars

ILIAD, INC.
 1107 SOUTH BAILEY STREET
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INVOICE

Client No: ILI01
 Client: ILIAD, INC.
 1107 SOUTH BAILEY STREET
 SEATTLE, WA 98108
 Attn: Jamie Tucker

Please include Reference number with payment

Reference: **16-21623**
 Date: September 2, 2016
 Project: Alderlake Bacteria
 Date Received: September 01, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Description	Type of Analysis	Extended Cost
1	53261.00	Alderlake Bacteria	1A- bibb	Chromogenic Substrate Test (Coliforms)	\$19.00

Grand Total:	\$19.00
Amount Paid:	\$0.00
Amount Due (US Dollars):	\$19.00

Thank You for Your Business

Please pay to corporate office by October 2, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-21623**
 Amount Due: \$19.00 in US Dollars
 ILIAD, INC.
 1107 SOUTH BAILEY STREET
 SEATTLE, WA 98108
 ILI01

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