

Page 1 of 1

INVOICE

Client No: ILI01

Client:

ILIAD, INC.

PO BOX 20098

SEATTLE, WA 98102

Attn:

Mr. Jared Hays

Please include Reference number with payment

Reference: 16-01431

Date Received: January 20, 2016

Date: January 21, 2016

Project: Cherry Creek Bacteria

Purchase Order:

	Lab Sample		Client Sample	Type of	Extended
Item	Number	Number	Description	Analysis	Cost
1	3352.00	Cherry Creek E	Bacteri Lot 21	Chromogenic Substrate Test (Coliforms)	\$13.00
				Grand Total:	\$13.00
				Amount Paid:	\$0.00
				Amount Due (US Dollars):	\$13.00

57900-WR

Thank You for Your Business

Please pay to corporate office by February 20, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here * and return this portion with your payment

Reference: 16-01431

Amount Due: \$13.00

in US Dollars

ILIAD, INC.

PO BOX 20098

SEATTLE, WA 98102

Form: invoice.rpl

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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\$0.00

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: 16-04382

Date: March 2, 2016

Project: Cherry Creek Bacteria

Date Received: March 01, 2016

Purchase Order:

	Lab Sample		Client Sample	Type of	Extended
Item	Number	Number	Description	Analysis	Cost
1	10268.00	Cherry Creek E	acteri Lot 38	Chromogenic Substrate Test (Coliforms)	\$19.00
				Grand Total:	\$19.00

Amount Paid:

Amount Due (US Dollars): \$19.00

Thank You for Your Business

Please pay to corporate office by April 1, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here * and return this portion with your payment

Reference: 16-04382

Amount Due: \$19.00

Form: invoice_rpt

in US Dollars

ILIAD, INC.

1107 SOUTH BAILEY STREET

SEATTLE, WA 98108

ILI01

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Client No:

ILI01

Client:

ILIAD, INC.

1107 SOUTH BAILEY STREET

SEATTLE, WA 98108

Attn:

Mr. Jared Hays

Please include Reference number with payment

Reference: 16-06315

Date: March 24, 2016 Project: Cherry Creek Bacteria

Date Received: March 23, 2016

Purchase Order:

	Lab Sample		Client Sample	Type of	Extended
Item	Number	Number	Description	Analysis	Cost
1	14683.00	Cherry Creek B	Bacteri Lot 63	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 23, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: 16-06315

Amount Due: \$19.00

in US Dollars

ILIAD, INC.

1107 SOUTH BAILEY STREET

SEATTLE, WA 98108

ILI01

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www.edgeanalytical.com/payments User Name: Pay Password: Edge

Form: invoice.rpt



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Client No:

ILI01

Client:

ILIAD, INC.

1107 SOUTH BAILEY STREET

SEATTLE, WA 98108

Attn:

Mr. Jared Hays

Please include Reference number with payment

Reference: 16-07754

Date: April 11, 2016

Project: Cherry Creek Bacteria

Date Received: April 08, 2016

Purchase Order:

	Lab Sample	Client Sample		Type of	Extended
Item	Number	Number	Description	Analysis	Cost
1	17810.00	Cherry Creek E	acteri; Lot 21	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 May 11, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: 16-07754

Amount Due: \$19.00

in US Dollars

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1107 SOUTH BAILEY STREET

SEATTLE, WA 98108

m: Invoice,rpt

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Burlington WA Corporate Office

1620 S Walnut St - 98233 800.755.9295 • 360.757.1400 • 360.757.1402fax

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INVOICE

Client No: Client: **ILI01**

ILIAD, INC.

1107 SOUTH BAILEY STREET

SEATTLE, WA 98108

Attn:

Mr. Jared Hays

Please include Reference number with payment

Reference: 16-07717

Date: April 27, 2016 Project: Cherry Creek

Date Received: April 08, 2016

Purchase Order:

	Lab Sample	Lab Sample	Client Sample	Type of	Extended
tem	Number	Number	Description	Analysis	Cost
1	17759.00		31215 NE 161st	Lead and Copper Rule	\$30.00
2	17760.00		16117 309th Ave NE	Lead and Copper Rule	\$30.00
3	17761.00		30902 Cherry Valley Rd	Lead and Copper Rule	\$30.00
4	17762.00		16770 315th	Lead and Copper Rule	\$30.00
5	17763.00		16328 (Will's House)	Lead and Copper Rule	\$30.00

Grand Total: \$150.00 \$0.00

Amount Paid:

Amount Due (US Dollars):

\$150.00

Thank You for Your Business

Please pay to corporate office by May 27, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here * and return this portion with your payment

Reference: 16-07717

Amount Due: \$150.00

in US Dollars

ILIAD, INC.

1107 SOUTH BAILEY STREET

SEATTLE, WA 98108

ILI01

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INVOICE

Client No: Client:

ILI01

ILIAD, INC.

1107 SOUTH BAILEY STREET

SEATTLE, WA 98108

Attn:

Mr. Jared Hays

Please include Reference number with payment

Reference: 16-12193

Date: May 27, 2016

Project: Cherry Creek Bacteria

Date Received: May 26, 2016 Purchase Order:

	Lab Sample		Client Sample	Type of	Extended
Item	Number	Number	Description	Analysis	Cost
3	27871.00	Cherry Creek B	acteri Lot 38 at 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 June 26, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: 16-12193

Amount Due: \$19.00

in US Dollars

ILIAD, INC.

1107 SOUTH BAILEY STREET

SEATTLE, WA 98108

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Corporate Office

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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: 16-14907

Date: June 27, 2016

Project: Cherry Creek Bacteria

Date Received: June 24, 2016

Purchase Order:

	Lab Sample	Client Sample	Type of	Extended
ltem	Number	Number Description	Analysis	Cost
1	34222.00	Cherry Creek Bacteri Lot 63	Chromogenic Substrate Test (Coliforms)	\$19.0

Grand Total:
Amount Paid:

\$0.00

Amount Due (US Dollars);

\$19.00

Thank You for Your Business

Please pay to corporate office by July 27, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here * and return this portion with your payment

Reference: 16-14907

Amount Due: \$19.00

in US Dollars

ILIAD, INC.

1107 SOUTH BAILEY STREET

SEATTLE, WA 98108

Form: invoice.rpt

ILI01

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Burlington, WA 98233
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Client No:

ILI01

Client:

ILIAD, INC.

1107 SOUTH BAILEY STREET

SEATTLE, WA 98108

Attn:

Mr. Jared Hays

Please include Reference number with payment

Reference: 16-14859

Date: July 5, 2016 Project: Cherry Creek

Date Received: June 24, 2016

Purchase Order:

	Lab Sample	b Sample Client Sample		Type of	Extended
Item	Number	Number	Description	Analysis	Cost
1	34122.00	Cherry Creek	Well	Nitrate-N	\$24.00
2	34122.00	Cherry Creek	Well	Iron	\$24.00
3	34122.00	Cherry Creek	Well	Manganese	\$24.00

Grand Total: \$72.00 Amount Paid: \$9.00

Amount Due (US Dollars): \$72.00

Thank You for Your Business

Please pay to corporate office by August 4, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: 16-14859

Amount Due: \$72.00

in US Dollars

ILIAD, INC.

1107 SOUTH BAILEY STREET

SEATTLE, WA 98108

ILI01

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INVOICE

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
Scattle, WA 98108

INVOICE NUMBER 111553
INVOICE DATE 8/1/2016
SPECTRA PROJECT 2016070796
P.O. #
DATE RECEIVED 7/27/2016
CLIENT PROJECT Cherry Creek
TERMS Net 30 Days
DUE DATE 8/31/2016

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Bacteria in Drinking Water	i	\$18.00	\$18.00
		Subtotal	\$18.00
		Amount Duc	\$18.00

THANK YOU FOR YOUR BUSINESS!

We accept Visa, Mastercard or Discover



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INVOICE

Client No:

ILI01

Client:

ILIAD, INC.

1107 SOUTH BAILEY STREET

SEATTLE, WA 98108

Attn:

Jamie

Please include Reference number with payment

Reference: 16-21057

Date: August 26, 2016
Project: Cherry Creek Bacteria

Date Received: August 25, 2016

Purchase Order:

	Lab Sample	Client Sample		Type of	Extended
ltem	Number	Number	Description	Analysis	Cost
1	52074.00	Cherry Creek Bad	cteri Lot 38	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 September 25, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here * and return this portion with your payment

Reference: 16-21057

Amount Due: \$19.00

in US Dollars

ILIAD, INC.

1107 SOUTH BAILEY STREET

SEATTLE, WA 98108

ILI01

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