



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

INVOICE

Client No: ILI01
 Client: ILIAD, INC.
 PO BOX 20098
 SEATTLE, WA 98102
 Attn: Mr. Jared Hays

Please include Reference number with payment

Reference: **16-01110**
 Date: January 18, 2016
 Project: Cascade Crest Bacteria
 Date Received: January 15, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Client Sample Description	Type of Analysis	Extended Cost
1	2620.00	Cascade Crest	Lot 2A	Chromogenic Substrate Test (Coliforms)	\$13.00
Grand Total:					\$13.00
Amount Paid:					\$0.00
Amount Due:					\$13.00 ✓

57900-WR

Thank You for Your Business

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

Please Detach Here ^ and return this portion with your payment

Reference: **16-01110**
 Amount Due: **\$13.00**
 ILIAD, INC.
 PO BOX 20098
 SEATTLE, WA 98102
 ILI01

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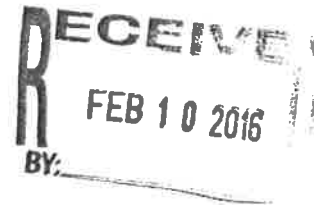
INVOICE

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

Please include Reference number with payment

Reference: **16-02713**
 Date: February 8, 2016
 Project: Cascade Crest Bacteria
 Date Received: February 05, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Description	Type of Analysis	Extended Cost
1	6317.00	Cascade Crest	Lot 14 at Bibb	Chromogenic Substrate Test (Coliforms)	\$49.00
Grand Total:					\$49.00
Amount Paid:					\$0.00
Amount Due (US Dollars):					\$49.00



Thank You for Your Business

Please pay to corporate office by March 9, 2016 to avoid a 1.5% per month finance charge.

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Reference: **16-02713**
 Amount Due: **\$49.00** in US Dollars
 ILIAD, INC.
 1107 SOUTH BAILEY STREET
 SEATTLE, WA 98102
 ILI01

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

Please include Reference number with payment
 Reference: **16-05777**
 Date: March 17, 2016
 Project: Cascade Crest Bacteria
 Date Received: March 16, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Description	Type of Analysis	Extended Cost
1	13524.00	Cascade Crest	Lot 16	Chromogenic Substrate Test (Coliforms)	\$49.00
Grand Total:					\$49.00
Amount Paid:					\$0.00
Amount Due (US Dollars):					\$49.00

Thank You for Your Business

Please pay to corporate office by April 16, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-05777**
 Amount Due: **\$49.00** in US Dollars
 ILIAD, INC.
 1107 SOUTH BAILEY STREET
 SEATTLE, WA 98108
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 Attn: Mr. Jared Hays

Please include Reference number with payment

Reference: **16-09521**
 Date: April 29, 2016
 Project: Cascade Crest Bacteria
 Date Received: April 28, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Client Sample Description	Type of Analysis	Extended Cost
1	21708.00	Cascade Crest	Lot 2A	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 29, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-09521**
 Amount Due: \$19.00 in US Dollars
 ILIAD, INC.
 1107 SOUTH BAILEY STREET
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 Attn: Mr. Jared Hays

Please include Reference number with payment
 Reference: **16-10702**
 Date: May 11, 2016
 Project: Cascade Crest Bacteria
 Date Received: May 10, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Client Sample Description	Type of Analysis	Extended Cost
1	24302.00	Cascade Crest	Lot 14	Chromogenic Substrate Test (Coliforms)	\$49.00

Grand Total: \$49.00
 Amount Paid: \$0.00
 Amount Due (US Dollars): \$49.00 ✓

Thank You for Your Business

Please pay to corporate office by June 10, 2016 to avoid a 1.5% per month finance charge.

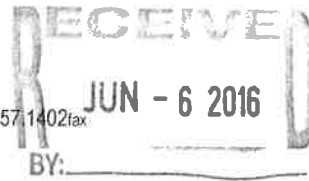
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Reference: **16-10702**
 Amount Due: \$49.00 in US Dollars
 ILIAD, INC.
 1107 SOUTH BAILEY STREET
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 Attn: Mr. Jared Hays

Please include Reference number with payment

Reference: **16-10542**
 Date: June 6, 2016
 Project: Cascade Crest
 Date Received: May 10, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Client Sample Description	Type of Analysis	Extended Cost
1	23894.00	Cascade Crest	Well S01	Volatile Organics	\$218.00
2	23894.00	Cascade Crest	Well S01	GROSS ALPHA BETA	\$119.00
3	23894.00	Cascade Crest	Well S01	Radium 228	\$113.00

Grand Total: \$450.00
 Amount Paid: \$0.00
 Amount Due (US Dollars): \$450.00



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: **16-10542**
 Amount Due: \$450.00 in US Dollars
 ILIAD, INC.
 1107 SOUTH BAILEY STREET
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Client: ILIAD, INC.
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Reference: **16-14150**

Date: June 20, 2016

Project: Cascade Crest Bacteria

Attn: Mr. Jared Hays

Date Received: June 16, 2016

Purchase Order:

Item	Lab Sample Number	Client Sample Number	Client Sample Description	Type of Analysis	Extended Cost
1	32389.00	Cascade Crest	Lot 16	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 20, 2016 to avoid a 1.5% per month finance charge.

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Reference: **16-14150**
 Amount Due: \$19.00 in US Dollars

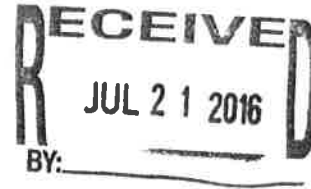
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 Attn: Mr. Jared Hays

Please include Reference number with payment

Reference: **16-17316**
 Date: July 21, 2016
 Project: Cascade Crest Bacteria
 Date Received: July 20, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Client Sample Description	Type of Analysis	Extended Cost
1	41751.00	Cascade Crest	Lot 2A	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 20, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-17316**
 Amount Due: \$19.00 in US Dollars
 ILIAD, INC.
 1107 SOUTH BAILEY STREET
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 SEATTLE, WA 98108
 Attn: Mr. Jared Hays

Please include Reference number with payment

Reference: **16-20297**
 Date: August 19, 2016
 Project: Cascade Crest Bacteria
 Date Received: August 18, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Client Sample Description	Type of Analysis	Extended Cost
1	49429.00	Cascade Crest	Lot 14	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 18, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-20297**
 Amount Due: \$19.00 in US Dollars
 ILIAD, INC.
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Client No: ILI01
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 Attn: Jamie Tucker

Please include Reference number with payment

Reference: **16-20263**
 Date: August 26, 2016
 Project: Cascade Crest
 Date Received: August 18, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Description	Type of Analysis	Extended Cost
1	49333.00		Well	Complete IOC	\$356.00
2	49333.00		Shipping Charge	SHIPPING CHARGE	\$14.00

Grand Total: \$370.00
 Amount Paid: \$0.00
Amount Due (US Dollars): \$370.00

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: **16-20263**
 Amount Due: \$370.00 in US Dollars
 ILIAD, INC.
 1107 SOUTH BAILEY STREET
 SEATTLE, WA 98108
 ILI01

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