



Burlington WA
 Corporate Office
 1620 S Walnut St - 98233
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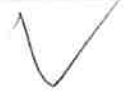
INVOICE

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

Please include Reference number with payment

Reference: **16-01916**
 Date: January 28, 2016
 Project: Fragaria Bacteria
 Date Received: January 27, 2016
 Purchase Order:

Item	Lab Sample		Client Sample Description	Type of Analysis	Extended Cost
	Number	Number			
1	4459.00	Fragaria	Lot (7618 April Ln)	Chromogenic Substrate Test (Coliforms)	\$13.00
Grand Total:					\$13.00
Amount Paid:					\$0.00
Amount Due (US Dollars):					\$13.00



RECEIVED
 FEB - 2 2016
 BY: _____

Thank You for Your Business

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

Please Detach Here and return this portion with your payment

Reference: **16-01916**
 Amount Due: **\$13.00** in US Dollars
 ILIAD, INC.
 PO BOX 20098
 SEATTLE, WA 98102
 ILI01

Please Remit To:
 Edge Analytical, Inc.
 1620 S Walnut St
 Burlington, WA 98233

OR you can pay on-line at:
www.edgeanalytical.com/payments
 User Name: Pay Password: Edge

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
Seattle, WA 98108

INVOICE NUMBER 106998
INVOICE DATE 2/29/2016
SPECTRA PROJECT 2016020693
P.O. #
DATE RECEIVED 2/25/2016
CLIENT PROJECT Fragaria
TERMS Net 30 Days
DUE DATE 3/30/2016

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

THANK YOU FOR YOUR BUSINESS!

We accept Visa, Mastercard or Discover

Past due balances are subject to 1.5% monthly service charge



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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: **16-06527**
 Date: March 28, 2016
 Project: Fragaria Bacteria
 Date Received: March 25, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Description	Type of Analysis	Extended Cost
1	15198.00	Frag	Lot Address (8930 McBreen)	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 27, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-06527**
 Amount Due: **\$19.00** 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: **16-08819**
 Date: April 21, 2016
 Project: Fragaria Bacteria
 Date Received: April 20, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Description	Type of Analysis	Extended Cost
1	20166.00	Fragaria	Lot (7618 April Ln)	Chromogenic Substrate Test (Coliforms)	\$19.00

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

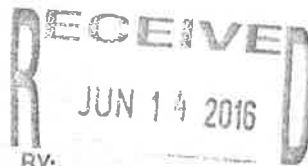
Thank You for Your Business

Please pay to corporate office by May 21, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-08819**
 Amount Due: **\$19.00** in US Dollars
 ILIAD, INC.
 1107 SOUTH BAILEY STREET
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BILL TO:
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 Seattle, WA 98108

INVOICE NUMBER 109890
 INVOICE DATE 6/7/2016
 SPECTRA PROJECT 2016050998
 P.O. #
 DATE RECEIVED 5/31/2016
 CLIENT PROJECT Fragaria
 TERMS Net 30 Days
 DUE DATE 7/7/2016

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

Please include Reference number with payment

Reference: **16-15487**
 Date: July 5, 2016
 Project: Fragaria Bacteria
 Date Received: July 01, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Client Sample Description	Type of Analysis	Extended Cost
1	36180.00	Frag	Lot 8930 McBreed	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 4, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-15487**
 Amount Due: \$19.00 in US Dollars
 ILIAD, INC.
 1107 SOUTH BAILEY STREET
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BILL TO:
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1107 S Bailey St
Seattle, WA 98108

INVOICE NUMBER 111382
INVOICE DATE 7/28/2016
SPECTRA PROJECT 2016070572
P.O. #
DATE RECEIVED 7/21/2016
CLIENT PROJECT Fragaria
TERMS Net 30 Days
DUE DATE 8/27/2016

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

THANK YOU FOR YOUR BUSINESS!

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INVOICE

Client No: ILI01

Please include Reference number with payment

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

Reference: **16-19665**

Date: August 12, 2016

Project: Fragaria Bacteria

Date Received: August 11, 2016

Purchase Order:

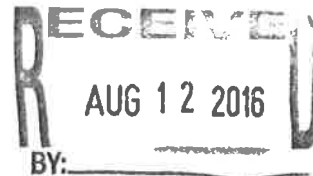
Attn: Mr. Jared Hays

Item	Lab Sample Number	Client Sample Number	Client Sample Description	Type of Analysis	Extended Cost
1	47861.00	Frag	Lot 8668 Landing Ln	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 11, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-19665**
 Amount Due: \$19.00 in US Dollars

ILIAD, INC.
 1107 SOUTH BAILEY STREET
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 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: **16-19592**
 Date: August 30, 2016
 Project: Fragaria
 Date Received: August 11, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Description	Type of Analysis	Extended Cost
1	47537.00		Well S03	Complete IOC	\$356.00
2	47537.00		Well S03	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 September 29, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-19592**
 Amount Due: \$574.00 in US Dollars
 ILIAD, INC.
 1107 SOUTH BAILEY STREET
 SEATTLE, WA 98108
 ILI01

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