

Burlington WA
Corporate Office

1620 S Walnut St - 98233

800.755.9295 • 360.757.1400 • 360.757.1402fax

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: 16-01917

Date: January 28, 2016

Project: Hunt 1 & 2 Bacteria

Date Received: January 27, 2016

Purchase Order:

	Lab Sample		Client Sample	Type of	Extended
Item	Number	Number	Description	Analysis	Cost
1.	4460.00	Hunt 1 & 2	Lot 1B	Chromogenic Substrate Test (Coliforms)	\$13.00
7				Grand Total:	\$13.00
				Amount Paid:	\$0.00
				Amount Due (US Dollars):	\$13.00



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: 16-01917

Amount Due: \$13.00

in US Dollars

ILIAD, INC. PO BOX 20098

SEATTLE, WA 98102

Form: Invoice.rpt

ILI01

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

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 106999
INVOICE DATE 2/29/2016
SPECTRA PROJECT
P.O. #
DATE RECEIVED 2/25/2016
CLIENT PROJECT Hunt Hill
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



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Page 1 of 1

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: 16-06528

Date: March 28, 2016 Project: Hunt 1 & 2 Bacteria

Date Received: March 25, 2016

Purchase Order:

	Lab Sample	ab Sample Client Sample Type of	Type of	Extended	
Item	Number N	Number	Description	Analysis	Cost
1	15199.00	Hunt 1 & 2	Lot 2 (A)	Chromogenic Substrate Test (Coliforms)	\$19.00
				Grand Total:	\$19.00

Amount Paid:

\$19.00 \$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: 16-06528

Amount Due: \$19.00

in US Dollars

ILIAD, INC.

1107 SOUTH BAILEY STREET

SEATTLE, WA 98108

ILI01

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Burlington, WA 98233 OR you can pay on-line at:

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Form: invoice.rpt



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INVOICE

ILI01 Client No:

ILIAD, INC.

1107 SOUTH BAILEY STREET

SEATTLE, WA 98108

Attn:

Client:

Mr. Jared Hays

Please include Reference number with payment

Reference: 16-08818

Date: April 21, 2016

Project: Hunt 1 & 2 Bacteria

Date Received: April 20, 2016

Purchase Order:

	Lab Sample	Lab Sample Client Sample	Client Sample	Type of	Extended
Item	Number	Number	Description	Analysis	Cost
1	20165.00	Hunt 1 & 2	Lot 1B @ 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 May 21, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here * and return this portion with your payment

16-08818 Reference:

Amount Due: \$19.00

in US Dollars

ILIAD, INC.

1107 SOUTH BAILEY STREET

SEATTLE, WA 98108

ILI01

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Burlington, WA 98233

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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: 16-08703

Date: April 26, 2016

Project: Hunt 1 & 2

Date Received: April 20, 2016

Purchase Order:

	Lab Sampie		Client Sample	Type of	Extended
tem	Number	Number	Description	Analysis	Cost
1	19945.00		Well	Volatile Organics	\$218.00
- 1	700-10.00		*****	Grand Total:	\$21

Amount Paid:

\$0.00

Amount Due (US Dollars):

\$218.00

Thank You for Your Business

Please pay to corporate office by May 26, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: 16-08703

Amount Due: \$218.00

in US Dollars

ILIAD, INC.

1107 SOUTH BAILEY STREET

SEATTLE, WA 98108

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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 Seattle, WA 98108

INVOICE NUMBER 109889 INVOICE DATE 6/7/2016 SPECTRA PROJECT 2016050999 P.O. # DATE RECEIVED 5/31/2016 CLIENT PROJECT Hunt Hill I & II

> 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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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: 16-15488

Date: July 5, 2016 Project: Hunt 1 & 2 Bacteria

Date Received: July 01, 2016

Purchase Order:

	Lab Sample		Client Sample	Type of	Extended
Item	Number	Number	Description	Analysis	Cost
1	36181.00	Hunt 1 & 2	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 4, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: 16-15488

Amount Due: \$19.00

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
INVOICE DATE
7/28/2016
SPECTRA PROJECT
P.O. #
DATE RECEIVED
CLIENT PROJECT
TERMS
DUE DATE
111384
7/28/2016
7/21/2016
Hunt 1&11
Net 30 Days
8/27/2016

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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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: 16-19667

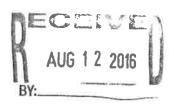
Date: August 12, 2016 Project: Hunt 1 & 2 Bacteria

Date Received: August 11, 2016

Purchase Order:

	Lab Sample		Client Sample	Type of	Extended
Item	Number	Number	Description	Analysis	Cost
1	47863.00	Hunt 1 & 2	Lot 4A	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: 16-19667

Amount Due: \$19.00

in US Dollars

ILIAD, INC.

1107 SOUTH BAILEY STREET

SEATTLE, WA 98108

ILI01

Please Remit To:

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

Form: invoice.rpt