



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: **16-01435**  
 Date: January 21, 2016  
 Project: Northwest Bacteria ✓  
 Date Received: January 20, 2016  
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Description	Type of Analysis	Extended Cost
1	3356.00	Northwest Bacteria	Lot 14	Chromogenic Substrate Test (Coliforms)	\$13.00
Grand Total:					\$13.00
Amount Paid:					\$0.00
Amount Due (US Dollars):					\$13.00

579.00 - 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: **16-01435**  
 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](http://www.edgeanalytical.com/payments)  
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# INVOICE

Client No: ILI01

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

Reference: **16-04060**  
 Date: February 25, 2016  
 Project: Northwest Bacteria

Attn: Mr. Jared Hays

Date Received: February 24, 2016  
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Description	Type of Analysis	Extended Cost
1	9504.00	Northwest Bacteria	Lot 6	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 March 26, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-04060**  
 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

Please include Reference number with payment

Reference: **16-06312**  
 Date: March 24, 2016  
 Project: Northwest Bacteria

Attn: Mr. Jared Hays

Date Received: March 23, 2016  
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Client Sample Description	Type of Analysis	Extended Cost
1	14680.00	Northwest Bacteria	Lot 33 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 April 23, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-06312**  
 Amount Due: **\$19.00** in US Dollars  
 ILIAD, INC.  
 1107 SOUTH BAILEY STREET  
 SEATTLE, WA 98108  
 ILI01

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Client No: ILI01

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

Reference: **16-09524**

Date: April 29, 2016

Project: Northwest Bacteria

Attr: Mr. Jared Hays

Date Received: April 28, 2016

Purchase Order:

Item	Lab Sample Number	Client Sample Number	Client Sample Description	Type of Analysis	Extended Cost
1	21711.00	Northwest Bacteria	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 May 29, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-09524**

Amount Due: \$19.00 in US Dollars

ILIAD, INC.  
 1107 SOUTH BAILEY STREET  
 SEATTLE, WA 98108  
 ILI01

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Client No: ILI01

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

Reference: **16-12196**  
 Date: May 27, 2016  
 Project: Northwest Bacteria

Attn: Mr. Jared Hays

Date Received: May 26, 2016  
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Client Sample Description	Type of Analysis	Extended Cost
1	27874.00	Northwest Bacteria	Lot 6	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: **16-12196**  
 Amount Due: \$19.00 in US Dollars

ILIAD, INC.  
 1107 SOUTH BAILEY STREET  
 SEATTLE, WA 98108  
 ILI01

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Client No: ILI01

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

Reference: **16-15250**  
 Date: June 30, 2016  
 Project: Northwest Bacteria

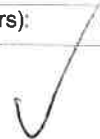
Attn: Mr. Jared Hays

Date Received: June 29, 2016  
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Description	Type of Analysis	Extended Cost
1	35002.00	Northwest Bacteria	Lot 33 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 July 30, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-15250**  
 Amount Due: \$19.00 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 111552  
INVOICE DATE 8/1/2016  
SPECTRA PROJECT 2016070795  
P.O. #  
DATE RECEIVED 7/27/2016  
CLIENT PROJECT Northwest  
TERMS Net 30 Days  
DUE DATE 8/31/2016

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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Client No: ILI01

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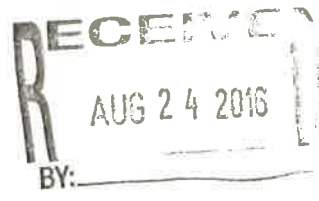
Client: ILIAD, INC.  
 1107 SOUTH BAILEY STREET  
 SEATTLE, WA 98108

Reference: **16-20680**  
 Date: August 24, 2016  
 Project: Northwest Bacteria

Attn: Jamie

Date Received: August 23, 2016  
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Description	Type of Analysis	Extended Cost
1	50758.00	Northwest Bacteria	Lot 6	Chromogenic Substrate Test (Coliforms)	\$19.00
<b>Grand Total:</b>					<b>\$19.00</b>
<b>Amount Paid:</b>					<b>\$0.00</b>
<b>Amount Due (US Dollars):</b>					<b>\$19.00</b>



*Thank You for Your Business*

Please Detach Here ^ and return this portion with your payment

Reference: **16-20680**  
 Amount Due: \$19.00 in US Dollars  
 ILIAD, INC.  
 1107 SOUTH BAILEY STREET  
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Client No: ILI01

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

Reference: **16-20586**  
 Date: September 1, 2016  
 Project: Northwest

Attn: Jamie

Date Received: August 23, 2016  
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Description	Type of Analysis	Extended Cost
1	50180.00	2720		Halo Acetic Acids - Washington	\$173.00
2	50180.00	2720		THM by 524.2	\$101.00

Grand Total: \$274.00

Amount Paid: \$0.00

Amount Due (US Dollars): \$274.00

***Thank You for Your Business***

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

Please Detach Here ^ and return this portion with your payment

Reference: **16-20586**  
 Amount Due: \$274.00 in US Dollars  
 ILIAD, INC.  
 1107 SOUTH BAILEY STREET  
 SEATTLE, WA 98108  
 ILI01

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