

INVOICE

Sunwood

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
PO Box 20098
Seattle, WA 98102

INVOICE NUMBER 106269
INVOICE DATE 2/3/2016
SPECTRA PROJECT 2016010655
P.O. #
DATE RECEIVED 1/28/2016
CLIENT PROJECT Sunwood Graham
TERMS Net 30 Days
DUE DATE 3/4/2016

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

RECEIVED
BY: _____
FEB 11 2016

THANK YOU FOR YOUR BUSINESS!

We accept Visa, Mastercard or Discover

Past due balances are subject to 1.5% monthly service charge



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.
 1107 SOUTH BAILEY STREET
 SEATTLE, WA 98102
 Attn: Mr. Jared Hays

Please include Reference number with payment
 Reference: **16-02860**
 Date: February 10, 2016
 Project: Sunwood Graham Bacteria
 Date Received: February 09, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Description	Type of Analysis	Extended Cost
1	6616.00	Sunwood Graham Bæ Lot 19		Chromogenic Substrate Test (Coliforms)	\$19.00
Grand Total:					\$19.00
Amount Paid:					\$0.00
Amount Due (US Dollars):					\$19.00

RECEIVED
 FEB 10 2016
 BY: _____

Thank You for Your Business

Please pay to corporate office by March 11, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-02860**
 Amount Due: **\$19.00** in US Dollars
 ILIAD, INC.
 1107 SOUTH BAILEY STREET
 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



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

Please include Reference number with payment
 Reference: **16-06133**
 Date: March 23, 2016
 Project: Sunwood Graham Bacteria
 Date Received: March 22, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Description	Type of Analysis	Extended Cost
1	14313.00		Sunwood Graham Bz Lot 3	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 22, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-06133**
 Amount Due: **\$19.00** in US Dollars
 ILIAD, INC.
 1107 SOUTH BAILEY STREET
 SEATTLE, WA 98108
 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 108732

INVOICE DATE 5/3/2016

SPECTRA PROJECT 2016040783

P.O. #

DATE RECEIVED 4/27/2016

CLIENT PROJECT Sunwood Graham

TERMS Net 30 Days

DUE DATE 6/2/2016

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

RECEIVED
JUN - 2 2016
BY: _____

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 109634
INVOICE DATE 5/31/2016
SPECTRA PROJECT 2016050912
P.O. #
DATE RECEIVED 5/26/2016
CLIENT PROJECT Sunwood Graham
TERMS Net 30 Days
DUE DATE 6/30/2016

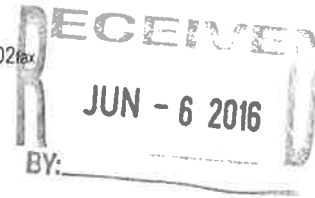
DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Bacteria in Drinking Water	1	\$18.00	\$18.00
		Subtotal	\$18.00
		Amount Due	\$18.00

THANK YOU FOR YOUR BUSINESS!
We accept Visa, Mastercard or Discover

Past due balances are subject to 1.5% monthly service charge



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



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: **16-12903**
 Date: June 6, 2016
 Project: Sunwood Graham Bacteria
 Date Received: June 03, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Description	Type of Analysis	Extended Cost
1	29331.00	Sunwood Graham B	Lot 3	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 6, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-12903**
 Amount Due: \$19.00 in US Dollars
 ILIAD, INC.
 1107 SOUTH BAILEY STREET
 SEATTLE, WA 98108
 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



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

Please include Reference number with payment

Reference: **16-15809**
 Date: July 7, 2016
 Project: Sunwood Graham Bacteria
 Date Received: July 06, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Description	Type of Analysis	Extended Cost
1	37712.00	Sunwood Graham Bz Lot 8 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 August 6, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-15809**
 Amount Due: \$19.00 in US Dollars
 ILIAD, INC.
 1107 SOUTH BAILEY STREET
 SEATTLE, WA 98108
 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



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.
 1107 SOUTH BAILEY STREET
 SEATTLE, WA 98108
 Attn: Jamie Tucker

Please include Reference number with payment
 Reference: **16-21621**
 Date: September 2, 2016
 Project: Sunwood Graham Bacteria
 Date Received: September 01, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Description	Type of Analysis	Extended Cost
1	53259.00	Sunwood Graham Bz Lot 19		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 October 2, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-21621**
 Amount Due: \$19.00 in US Dollars
 ILIAD, INC.
 1107 SOUTH BAILEY STREET
 SEATTLE, WA 98108
 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