



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: **16-11001**
 Date: May 13, 2016
 Project: Stavis 1 Bacteria
 Date Received: May 12, 2016
 Purchase Order:

Item	Lab Sample Number	Client Sample Number	Client Sample Description	Type of Analysis	Extended Cost
1	25083.00	Stavis 1 Bacteria	Lot (6523 State Farm 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 June 12, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-11001**
 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



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INVOICE

Client No: ILI01

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

Reference: **16-13524**

Date: June 10, 2016

Project: Stavis Bacteria

Date Received: June 09, 2016

Purchase Order:

Attn: Mr. Jared Hays

Item	Lab Sample Number	Client Sample Number	Client Sample Description	Type of Analysis	Extended Cost
1	30800.00	Stavis Bacteria	Lot 4 at Meter Hookup	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 10, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **16-13524**
 Amount Due: \$19.00 in US Dollars
 ILIAD, INC.
 1107 SOUTH BAILEY STREET
 SEATTLE, WA 98108
 ILI01

Please Remit To:
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 Burlington, WA 98233
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INVOICE

Client No: ILI01

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

Reference: **16-13449**

Date: June 14, 2016

Project: Stavis

Date Received: June 09, 2016

Purchase Order:

Attn:

Item	Lab Sample Number	Client Sample Number	Description	Type of Analysis	Extended Cost
1	30553.00		Well	Nitrate-N	\$24.00

Grand Total: \$24.00

Amount Paid: \$0.00

Amount Due (US Dollars): \$24.00

Thank You for Your Business

Please pay to corporate office by July 14, 2016 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Please Remit To:

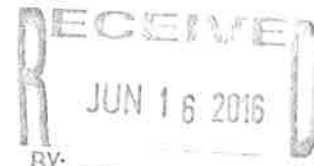
Edge Analytical, Inc.
 1620 S Walnut St
 Burlington, WA 98233

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

Reference: **16-13449**
 Amount Due: \$24.00 in US Dollars
 ILIAD, INC.
 1107 SOUTH BAILEY STREET
 SEATTLE, WA 98108
 ILI01



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INVOICE

Client No: ILI01

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

Reference: **16-14070**

Date: June 16, 2016

Project: Stavis 1 Bacteria

Date Received: June 15, 2016

Purchase Order:

Attn: Mr. Jared Hays

Item	Lab Sample Number	Client Sample Number	Client Sample Description	Type of Analysis	Extended Cost
1	32179.00	6461	6461	Chromogenic Substrate Test (Coliforms)	\$19.00
2	32180.00	6523	6523	Chromogenic Substrate Test (Coliforms)	\$19.00
3	32181.00	6763	6763	Chromogenic Substrate Test (Coliforms)	\$19.00
4	32182.00	Stavis Well	Well	Chromogenic Substrate Test (Coliforms)	\$19.00

Grand Total: \$76.00

Amount Paid: \$0.00

Amount Due (US Dollars): \$76.00

Thank You for Your Business

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

Please Detach Here ^ and return this portion with your payment

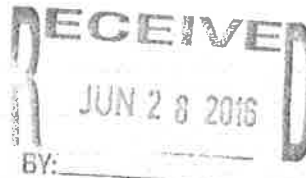
Reference: **16-14070**

Amount Due: \$76.00 in US Dollars

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

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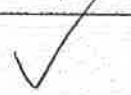
SPECTRA Laboratories

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
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INVOICE NUMBER	110379
INVOICE DATE	6/26/2016
SPECTRA PROJECT	2016060633
P.O. #	
DATE RECEIVED	6/21/2016
CLIENT PROJECT	Stavis
TERMS	Net 30 Days
DUE DATE	7/26/2016

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Bacteria in Drinking Water	2	\$18.00	\$36.00
		Subtotal	\$36.00
		Amount Due	\$36.00



THANK YOU FOR YOUR BUSINESS!

We accept Visa, Mastercard or Discover

Past due balances are subject to 1.5% monthly service charge