WDAM-TV INVOICE

Bill To:

Marathon Ventures (comm) 675 3rd Avenue, 11th Floor New York, NY 10017

Please Remit To:

WDAM PO Box 11407 Drawer #0563 Birmingham, AL 35246-0563

Due Date: 10/29/19

| Invoice# 1265908-3 | Broadcast Month 201909 |
|--------------------------------------|------------------------------|
| Account Executive House, Hattiesburg | Advertiser Health Market (M) |
| Representative | Rep Order # |

Client Code: Product Code:

Estimate Code: Bluewater

| Invoice Date 09/29/19 | Flight 08/26/19-09/29/19 | | | | |
|---------------------------------------|-----------------------------|--|--|--|--|
| <u>Product</u> Medicare Supplement | Order Type CASH | | | | |
| Total Spots: | 3 | | | | |
| Actual Gross Billing: | \$72.00 | | | | |
| State Tax: | \$0.00 | | | | |
| Local Tax: | \$0.00 | | | | |
| Agency Commission: | \$19.98 | | | | |
| Net Due: | \$52.02 | | | | |

Comments:

We warrant that the actual broadcast information shown on this invoice was taken from the program log. Gray does not discriminate in its advertising contracts, and it will not accept advertising intended to discriminate on the basis of race or ethnicity. Advertiser hereto affirms that nothing in this Agreement is intended to discriminate on the basis of race or ethnicity. This Agreement is subject to the Standard Terms and Conditions available at www.gray.tv/advertising.

Billing Instructions:

| Descrip | otion: 9: | 00 AM-5:00 I | PM, 9:00 A | Line 1 AM-5:00 PM | <u>Star</u> | <u>End</u> | <u>Days</u> MTWTFSS | Spots/Week 4 | Rate \$24.00 | | |
|----------------|-----------|--------------|------------|-------------------------|-------------|--------------|------------------------|------------------|------------------------|-------|---------|
| # | Day | Date | Time | Length | Rate | Сору | | Program Descript | tion | Class | Remarks |
| $\overline{1}$ | W | 08/28/19 | 03:41 P | 120 | \$24.00 | BOS26192100H | | 9:00 AM-5:00 PM | 1 | NM | |
| | _ | 08/30/19 | 03:18 P | 120 | \$24.00 | BOS26192100H | | 9:00 AM-5:00 PM | 1 | NM | |

| Descrip | otion: 9: | 00 AM-5:00 | PM, 9:00 A | <u>Lin</u> 4 M-5:00 PM | | | <u>Days</u> MTWTFSS | Spots/Week 4 | Rate \$24.00 | | |
|---------|-----------|----------------------|-----------------|------------------------------|------------------------|----------------------|------------------------|----------------------------------|------------------------|-------------|---------|
| # 4 | Day Th | Date 09/19/19 | Time 10:58 A | Length 120 | Rate \$24.00 | Copy BOS26192100H | ł | Program Descri 9:00 AM-5:00 P | | Class NM | Remarks |

Additional Comments:

| Net Due: | \$52.02 |
|-----------------------|---------|
| Agency Commission: | \$19.98 |
| Local Tax: | \$0.00 |
| State Tax: | \$0.00 |
| Actual Gross Billing: | \$72.00 |
| Total Spots: | 3 |