WMBF-TV INVOICE

Bill To:

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

Please Remit To:

WMBF

PO Box 11407 Drawer # 1522 Birmingham, AL 35246-1522

Due Date: 10/29/19

Invoice# 1266271-3	Broadcast Month 201909
Account Executive House, Myrtle Beach	Advertiser Health Market (M)
Representative	Rep Order # D-171740

Client Code: Product Code:

Estimate Code: Bluewater

Invoice Date 09/29/19	Flight 08/26/19-09/29/19				
Product	Order Type				
Medicare Supplement	CASH				
Total Spots:	3				
Actual Gross Billing:	\$24.00				
State Tax:	\$0.00				
Local Tax:	\$0.00				
Agency Commission:	\$6.66				
Net Due:	\$17.34				

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	tion: M	-Su 9a-5p, 9:	00 AM-5:0		ne Sta	rt <u>End</u>	Days MTWTFSS	Spots/Week 2	Rate \$8.00			
#	Day	Date	Time	Length	Rate	Сору		Program Descript	ion	Class	Remarks	
1	Th	08/29/19	03:16 P	120	\$8.00	BOS26192100H		M-Su 9a-5p		NM		
1	F	08/30/19	11:32 A	120	\$8.00	BOS26192100H		M-Su 9a-5p		NM		

Descrip	otion: M	-Su 9a-5p, 9:	00 AM-5:0	_	Line 5	Start	End	<u>Days</u> MTWTFSS	Spots/Week 2	Rate \$8.00		
# 5	Day F	Date 09/27/19	Time 11:54 A	Length 120		Rate 88.00	<u>Copy</u> BOS26192100H		Program Descrip M-Su 9a-5p	<u>otion</u>	Class NM	<u>Remarks</u>

Additional Comments:

Total Spots:	3
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Net Due:	\$17.3/