KGMB-TV INVOICE

Bill To:

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

Please Remit To:

KHNL/KGMB, LLC 420 Waiakamilo Road Suite 205 Honolulu, HI 96817

Due Date: 10/29/19

Invoice#	Broadcast Month
1267176-3	201909
Account Executive	Advertiser
House, Honolulu	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 Medicare Supplement (Blue	Order Type CASH			
Total Spots:	1			
Actual Gross Billing:	\$72.00			
State Tax:	\$2.45			
Local Tax:	\$0.00			
Agency Commission:	\$19.98			
Net Due:	\$54.47			

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:

Descri	ption: M	l-Su 9a-5p, 9:	00 AM-5:0	_	ine Sta	rt <u>End</u>	Days MTWTFSS	Spots/Week 2	Rate \$72.00		
# 2	Day Sa	Date 09/07/19	Time 01:09 P	Length 119	Rate \$72.00	Copy BOS2619210	0H/8006192100	Program Descrip M-Su 9a-5p	otion	Class NM	Remarks

Additional Comments:

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