DDSU-TV INVOICE

Bill To:

Marathon Ventures 675 Third Avenue, 11th Floor New York, NY 10017

Please Remit To:

WDSU ME TV PO Box 90027 Prescott, AZ 86304-9027

Due Date: 10/29/19

Invoice#	Broadcast Month			
1919822-1	201909			
Account Executive	Advertiser			
Marathon, Marathon	Havas Edge			
Representative	Rep Order#			
	D-176750			

Client Code: Product Code:

Estimate Code: Havas Edge

Invoice Date 09/29/19	Flight 08/26/19-09/29/19				
<u>Product</u> Brinks Pre-Paid	Order Type CASH				
Total Spots:	6				
Actual Gross Billing:	\$24.00				
State Tax:	\$0.00				
Local Tax:	\$0.00				
Agency Commission:	\$3.60				
Net Due:	\$20.40				

Comments:

This invoice is subject to the Standard Terms and Conditions for Purchase of Broadcast Advertising, which can be reviewed at the following URL: www.hearst.com/newsroom/hearst-television-advertising-sales We warrant that the actual broadcast information shownon this invoice was taken from the program log Notwithstanding to whom bills are rendered, advertiser, agency and service, jointly and severally, shall remain obligated to pay to station the amount of any bills rendered by station within the time specified and until payment in full is received by station. Payment by advertiser to agency or to service or payment by agency to service, shall not constitute payment to station. Station will not be bound by conditions, printed or otherwise, on contracts, insertion orders, copy instructions or any correspondence when such conflict with the above terms and conditions. Four weeks advance cancellationnotice is required unless otherwise specified. Station, and its parent company, does not discriminate in the sale of advertisingtime, and will accept no advertising which is placed with an intent to discriminate on the basis of race or ethnicity. Advertiserhereby represents and warrants that it is not purchasing broadcast air time under this advertising sales contract for a discriminatory purpose, including but not limited to decisions not to place advertising on particular stations on the basis of race or ethnicity.

Billing Instructions:

Descript	tion: M	-SU SIGN ON	TO SIGN C	Lin 1 OFF, M-SU 4		t <u>End</u>	<u>Days</u> WTFSS	Spots/Week 30	Rate \$4.00		
#	Day	Date	Time	Length	Rate	Сору		Program Descript	ion	Class	Remarks
1	w	09/18/19	05:52 A	60	\$4.00	1003502949				NM	
1	Sa	09/21/19	11:22 P	60	\$4.00	1003502949				NM	
1	Su	09/22/19	05:44 P	60	\$4.00	1003502949				NM	

Line Start End Days Spots/Week Rate The Start MTWTFSS 42 \$4.00 Description: M-SU SIGN ON TO SIGN OFF, M-SU 4A-4X											
#	Day	Date	Time	Length	Rate	Сору		Program Descript	ion	Class	Remarks
2	M	09/23/19	05:45 A	60	\$4.00	1003502949				NM	
2	W	09/25/19	05:43 A	60	\$4.00	1003502949				NM	
2	Th	09/26/19	05:40 A	60	\$4.00	1003502949				NM	

Additional Comments:

Total Spots:	6
Actual Gross Billing:	\$24.00
State Tax:	\$0.00
Local Tax:	\$0.00
Agency Commission:	\$3.60
Not Duce	\$20.40