KSWO-TV INVOICE

Bill To:

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

Please Remit To:

KSWO

Dept # 2677 PO Box 11407 Birmingham, AL 35246-2677

Due Date: 10/29/19

Invoice# 1265752-3	Broadcast Month 201909				
Account Executive House, Wichita Falls	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				
<u>Product</u> Medicare Supplement	Order Type CASH				
Total Spots:	1				
Actual Gross Billing:	\$8.00				
State Tax:	\$0.00				
Local Tax:	\$0.00				
Agency Commission:	\$2.22				
Net Due:	\$5.78				

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:

Descrin	otion: Si	gn-On/Sign-C	Off. 9:00 At	Line 1 M-4:00 PM	e Star	t <u>End</u>	<u>Days</u> MTWTFSS	Spots/Week 4	Rate \$8.00		
# 1	Day Th	Date 08/29/19	Time 02:54 P	Length 120	Rate \$8.00	<u>Copy</u> BOS26192100H		Program Descrip Sign-On/Sign-Off		Class NM	Remarks

Additional Comments:

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