

WCSC-TV INVOICE

Bill To:

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

Please Remit To:

WCSC
PO Box 11407
Drawer 1496
Birmingham, AL 35246-1496

Due Date: 10/29/19

| | | | |
|---|-------------------------------------|---------------------------------|------------------------------------|
| <u>Invoice#</u> 1257879-3 | <u>Broadcast Month</u> 201909 | <u>Invoice Date</u> 09/29/19 | <u>Flight</u> 08/26/19-09/29/19 |
| <u>Account Executive</u> House, Charleston | <u>Advertiser</u> Life Alert (M) | <u>Product</u> Life Alert | <u>Order Type</u> CASH |
| <u>Representative</u> | <u>Rep Order #</u> D-171825 | | |
| Client Code: | | | |
| Product Code: | | | |
| Estimate Code: Tower Medi | | | |

| | |
|------------------------------|--------|
| Total Spots: | 2 |
| Actual Gross Billing: | \$4.00 |
| State Tax: | \$0.00 |
| Local Tax: | \$0.00 |
| Agency Commission: | \$1.11 |
| <hr/> | |
| Net Due: | \$2.89 |

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:

| | | | | <u>Line</u> | <u>Start</u> | <u>End</u> | <u>Days</u> | <u>Spots/Week</u> | <u>Rate</u> |
|--|-----|----------|---------|-------------|--------------|------------|---------------------|-------------------|-------------|
| | | | | 4 | | | MTWTFSS | 10 | \$2.00 |
| Description: Sign-On/Sign-Off, 1:35 XM-4:00 XM | | | | | | | | | |
| # | Day | Date | Time | Length | Rate | Copy | Program Description | Class | Remarks |
| 4 | Su | 09/22/19 | 02:20 A | 60 | \$2.00 | LATT 9963H | Sign-On/Sign-Off | NM | |
| 4 | Su | 09/22/19 | 03:56 A | 60 | \$2.00 | LATT 9963H | Sign-On/Sign-Off | NM | |

Additional Comments:

| | |
|------------------------------|--------|
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