EMOR-TV INVOICE

Bill To:

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

Please Remit To:

WMOR This TV PO Box 90034 Prescott, AZ 86304-9034

Due Date: 10/29/19

Invoice#	Broadcast Month
1917408-1	201909
Account Executive	Advertiser
Marathon, Marathon	Infoworx
Representative	Rep Order #
	D-175514

Client Code:
Product Code:

Estimate Code: InfoWorx D

Invoice Date 09/15/19	Flight 08/26/19-09/15/19			
<u>Product</u> Addiction Leads	Order Type CASH			
Total Spots:	6			
Actual Gross Billing: State Tax:	\$24.00 \$0.00			
Local Tax:	\$0.00			
Agency Commission: Net Due:	\$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:

Descrip	tion: M	-Su Signon/s	ignoff, M-S	<u>Lin</u> 1 Su Signon/si		<u>End</u>	<u>Days</u> MTWTFSS	Spots/Week 12	<u>Rate</u> \$4.00		
#	Day	Date	Time	Length	Rate	Сору		Program Descrip	tion	Class	Remarks
$\overline{1}$	M	09/09/19	06:39 A	60	\$4.00	GCOD26H1055H				NM	
1	W	09/11/19	07:38 A	60	\$4.00	GCOD26H1055H				NM	
1	Th	09/12/19	05:49 A	60	\$4.00	GCOD26H1055H	l			NM	
1	Th	09/12/19	06:39 A	60	\$4.00	GCOD26H1055H				NM	
1	F	09/13/19	12:49 A	60	\$4.00	GCOD26H1055H				NM	
1	Sa	09/14/19	09:58 P	60	\$4.00	GCOD26H1055H	l			NM	

Additional Comments:

Total Spots:	6
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