WCTV-TV INVOICE

Bill To:

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

Please Remit To:

WCTV

P.O. Box 14200

Tallahassee, FL 32317-4200

Due Date: 10/29/19

| Invoice# | Broadcast Month | Invoice Date | Flight | |
|--------------------|--------------------------|-------------------------|--------------------------------|--|
| 1285486-2 | 201909 | 09/29/19 | 08/26/ 19-09 /29/19 | |
| Account Executive | Advertiser | Product | Order Type | |
| House, Tallahassee | American Home Shield (M) | AMERICAN HOME SHIELD TV | CASH | |
| Representative | Rep Order # | Total Spots: | 2 | |
| | D-172121 | Actual Gross Billing: | \$24.00 | |
| Client Cod | e: | State Tax: | \$0.00 | |
| Product Cod | e: | Local Tax: | \$0.00 | |
| Estimate Cod | e: MARKETING | Agency Commission: | \$6.66 | |
| | | Net Due: | \$17.34 | |

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:

| Descript | tion: M | -Su 5a-235a, | 9:00 AM-5 | _ | ine Star | | <u>Days</u> MTWTFSS | Spots/Week | Rate \$12.00 | | | |
|----------|-----------|-------------------------|-----------------|-----------|------------------------|-----------------------------|------------------------|-------------------------------|------------------------|-------------|---------|--|
| # 1 | Day Sa | Date 09/07/19 | Time 12:02 P | Length 60 | Rate \$12.00 | <u>Copy</u> AB3040XX697H | | Program Descript M-Su 5a-235a | <u>cion</u> | Class NM | Remarks | |

| | | | | - | ne Star | t <u>End</u> | <u>Days</u> MTWTFSS | Spots/Week 2 | Rate \$12.00 | | |
|---------|-----------|----------------------|------------------------|--------------|------------------------|----------------------|------------------------|---------------------------------|------------------------|-------------|---------|
| Descrip | otion: M | -Su 5a-235a, | 9:00 AM-5 | 5:00 PM | | | | | | | |
| # 4 | Day Sa | Date 09/28/19 | <u>Time</u> 12:01 P | Length 60 | Rate \$12.00 | Copy AB3040XX697H | I | Program Descrip M-Su 5a-235a | tion | Class NM | Remarks |

Additional Comments:

| Total Spots: | 2 |
|-----------------------|---------|
| Actual Gross Billing: | \$24.00 |
| State Tax: | \$0.00 |
| Local Tax: | \$0.00 |
| Agency Commission: | \$6.66 |
| Net Due: | \$17.34 |