KSLA-TV INVOICE

Bill To:

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

Please Remit To:

KSLA

PO Box 11407 Drawer 0235 Birmingham, AL 35246-0235

Due Date: 10/29/19

Invoice# 1265899-3	Broadcast Month 201909	Invoice Date 09/29/19	Flight 08/26/19-09/29/19 Order Type	
Account Executive	Advertiser	Product		
House, Shreveport	Health Market (M)	Medicare Supplement	CASH	
Representative	Rep Order #	Total Spots:	1	
	D-171740	Actual Gross Billing:	\$36.00	
Client Code:		State Tax:	\$0.00	
Product Code:		Local Tax:	\$0.00	
Estimate Code:	Bluewater	Agency Commission:	\$9.99	
		Net Due:	\$26.01	

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:

Descrip	otion: M	arathon, 9:0	0 AM-5:00	Line 1 PM	e Star	t <u>End</u>	<u>Days</u> MTWTFSS	Spots/Week 2	Rate \$36.00		
# 1	Day M	Date 08/26/19	<u>Time</u> 09:43 A	Length 120	Rate \$36.00	<u>Copy</u> BOS26192100H		Program Descrip Marathon	otion	Class NM	Remarks

Additional Comments:

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