

INVOICE

From

We Are Rosie

REMIT ADDRESS 1372 Peachtree ST NE Atlanta, GA 30309

Invoice ID 517 Invoice For 360i

PO Number PO049307

Issue Date 10/04/2019

Due Date 11/03/2019 (Net 30)

Subject We Are Rosie - Invoice: Media Reconciliation:

Monique Purvis (09/01/2019 - 09/30/2019)



| Item Type | Description | Quantity | Unit Price | Amount |
|-----------|---|----------|------------|-------------|
| Service | [360i15] Media Reconciliation: Monique Purvis (09/01/2019 - 09/30/2019) | 155.00 | \$98.00 | \$15,190.00 |

Amount Due \$15,190.00

Notes

Thank you for your Partnership. Stay Rosie!

We Are Rosie, LLC - Wiring Instructions/Bank Information

You may use the following information to conduct the wire transfer transaction:

Name of Bank: Suntrust Bank Bank Routing No.: 061000104 Account Number: 1000215914887

Swift Code: SNTRUS3A

Bank Address: 303 Peachtree Street NE, Atlanta, GA 30308

Name of Account: We Are Rosie, LLC

Please reference your company's name and invoice number when processing your wire.



PURCHASE ORDER

Approved by: Ernesto Sanchez

Ordered by: Ernesto Sanchez

32 Avenue of the Americas New York NY 10013 Tel: 212-703-7200

VENDOR: V07115/US44

This purchase order is subject to all terms and conditions stated on attached form and outlined

above. Acceptance is limited to the Terms stated herein, and any additional or different term

proposed by Vendor is objected to and hereby rejected.

| РО | NUMBER: | PO049307 |
|------|---------|------------|
| P.O. | DATE: | 08/02/2019 |

REVISION DATE - NO

Ship To:

DUE DATE : 12/31/2019
PAGE : 1 of 3
TOTAL PRICE : \$35,000.00

| We Are R 1250 Bee Atlanta, G | ch Valley Road Ne | | | | | | | | |
|------------------------------------|--|--|---|-----------|-------------|--|--|--|--|
| | THIS PURCHASE ORDER IS SUBJECT TO THE TERMS AND CONDITIONS ATTACHED HERETO | | | | | | | | |
| | | | | | | | | | |
| LINE DES | CRIPTION | JOB NUMBER / DESCRIPTION | QUANTITY | RATE | COST | | | | |
| 1 Free | elance/Outside Services | FOX001-19-003 2019 Fox Freelancer/Consultant | 1.00 | 35,000.00 | 35,000.00 | | | | |
| | F THIS P.O. MUST BE RETURNE OT TO EXCEED PO AMOUNT | ED WITH YOUR INVOICE | By: Authorized Signa By: Print Name, Title | | \$35,000.00 | | | | |