KENSHOO INC

22 4th Street 7th Floor San Francisco 94103 **United States**

Tel.: +1-877-536-7462, Fax: +1-415-536-2830

kenshoo

URL: Web Site www.kenshoo.com

To: 360i LLC 32 Avenue of the Americas New York, NY 10013 Attn: Sydney Sobol

Invoice Date: 01/31/19 Invoice: 19USIV000157

Invoice No. 19USIV000157

Description	# Clicks	Budget	Price
Service fee Search January 2019: DSW - PLA	2,311,311	1,005,330,31	10,053.30
Service fee Search January 2019: DSW - Search 2.0	1,355,978	136,542.65	1,365,43
Service fee Search January 2019: DSW - Search Local	3,940	1,936,14	19.36
TOTAL	3,671,229	1,143,809.10	

Invoice No. Bar Code: *19USIV000157* Pay by: 03/02/19 Customer Number: 4249649 Balance Owed: \$ 31,256.78 Payment Terms: Net 30

Total Price Sales Tax

11,438.09 0.00 USD 11,438.09

Remit by WIRE/ACH:

Silicon Valley Bank

3003 Tasman drive, Santa Clara, CA, 95054

Routing#: 121140399 SWIFT: SVBKUS6S

Account: 3300710862

Please remit payment by check to: **Lockbox Remittance Address**

Kenshoo Inc Dept LA 23651 Pasadena, CA 91185-3651 For Courier Deposits (FedEx etc.):

Kenshoo Inc Box 23651 14005 Live Oak Ave Irwindale, CA 91706-1300

When remitting payment, please include the invoice number and invoice amount. Failure to do so, may cause delays in processing your payment.



32 Avenue of the Americas - 6th Floor New York NY 10013

Tel: 212-703-7200

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PO NUMBER: PO045754 P.O. DATE: 02/11/2019

REVISION DATE - NO

DUE DATE : 12/31/2019 PAGE : 1 of 3 TOTAL PRICE : \$11,438.09

ENDOR: KENSHOO				Ship To:		
22 4 14tl	nshoo, Inc 4th St h FL n Francisco, CA California 94103					
	THIS PURCHASE ORDE	R IS SUBJECT TO THE TE	ERMS AND CONDITIONS	SATTACHED HERETO		
IE	DESCRIPTION	JOB NUMBER / DESCR	RIPTION	QUANTITY	RATE	COST
1	Media Cost	DSW001-19-001	. D. A 0040	1.00	11,438.09	11,438.09

			401		
1	Media Cost	DSW001-19-001 DSW - Paid Search & PLA 2019	1.00	11,438.09	11,438.09
	Kenshoo PO for January 2019				
				TOTAL	\$11,438.09

By: _______Authorized Signature

A COPY OF THIS P.O. MUST BE RETURNED WITH YOUR INVOICE

INVOICE NOT TO EXCEED PO AMOUNT

By: Print Name, Title & Date

INVOICE NOT TO EXCEED TO AMOUNT