**Fill in this information to identify the case:**

Debtor Orexigen Therapeutics, Inc.

United States Bankruptcy Court for the: _____ District of Delaware (State)

Case number 18-10518

# Official Form 410
# Proof of Claim

04/16

**Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.**

**Filers must leave out or redact** information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

**Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy** (Form 309) **that you received.**

## Part 1: Identify the Claim

1. **Who is the current creditor?**
   DIY Network
   Name of the current creditor (the person or entity to be paid for this claim)
   Other names the creditor used with the debtor _____

2. **Has this claim been acquired from someone else?**
   ☑ No
   ☐ Yes. From whom? _____

3. **Where should notices and payments to the creditor be sent?**
   Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

| **Where should notices to the creditor be sent?** | **Where should payments to the creditor be sent?** (if different) |
|---|---|
| See summary page | |
| Contact phone 240-662-3998 | Contact phone _____ |
| Contact email Leah_Montesano@discovery.com | Contact email _____ |

**(see summary page for notice party information)**

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

4. **Does this claim amend one already filed?**
   ☑ No
   ☐ Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?**
   ☑ No
   ☐ Yes. Who made the earlier filing? _____



18105181806140000000000002

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. **Do you have any number you use to identify the debtor?**

☐ No

☑ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 7752

7. **How much is the claim?** $ 103,887.00 . **Does this amount include interest or other charges?**

☑ No

☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. **What is the basis of the claim?**

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.

Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

Limit disclosing information that is entitled to privacy, such as health care information.

Media Purchases

9. **Is all or part of the claim secured?**

☑ No

☐ Yes. The claim is secured by a lien on property.

**Nature or property:**

☐ Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

☐ Motor vehicle

☐ Other. Describe: _____

**Basis for perfection:** _____

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

**Value of property:** $_____

**Amount of the claim that is secured:** $_____

**Amount of the claim that is unsecured:** $_____ (The sum of the secured and unsecured amount should match the amount in line 7.)

**Amount necessary to cure any default as of the date of the petition:** $_____

**Annual Interest Rate** (when case was filed)_____%

☐ Fixed

☐ Variable

10. **Is this claim based on a lease?**

☑ No

☐ Yes. **Amount necessary to cure any default as of the date of the petition.** $_____

11. **Is this claim subject to a right of setoff?**

☑ No

☐ Yes. Identify the property: _____



18105181806140000000000002

12. **Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☑ No

☐ Yes. *Check all that apply:*

| | Amount entitled to priority |
|---|---|
| ☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | $_____ |
| ☐ Up to $2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | $_____ |
| ☐ Wages, salaries, or commissions (up to $12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | $_____ |
| ☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | $_____ |
| ☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | $_____ |
| ☐ Other. Specify subsection of 11 U.S.C. § 507(a)(__) that applies. | $_____ |

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

13. **Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?**

☑ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

$_____

## Part 3: Sign Below

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.**

*Check the appropriate box:*

☐ I am the creditor.

☑ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 06/14/2018
MM / DD / YYYY

*/s/Mary L. Fullington*
Signature

**Print the name of the person who is completing and signing this claim:**

Name: Mary L. Fullington
First name Middle name Last name

Title: Attorney

Company: Wyatt, Tarrant and Combs, LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 250 West Main Street, Suite 1600, Lexington, KY, 40507

Contact phone: 859-233-2012 Email: mfullington@wyattfirm.com



18105181806140000000000002

# KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 830-4646 | International (310) 751-2641

**Debtor:**
18-10518 - Orexigen Therapeutics, Inc.
**District:**
District of Delaware

**Creditor:**
DIY Network
c/o Discovery, Inc., Attn: Leah Montesano
One Discovery Place

Silver Spring, MD, 20910
United States
**Phone:**
240-662-3998
**Phone 2:**
**Fax:**
**Email:**
Leah_Montesano@discovery.com

**Has Supporting Documentation:**
Yes, supporting documentation successfully uploaded
**Related Document Statement:**

**Has Related Claim:**
No
**Related Claim Filed By:**

**Filing Party:**
Authorized agent

**Disbursement/Notice Parties:**
DIY Network
c/o Wyatt, Tarrant and Combs, LLP, Attn: Mary L. Fullington
250 West Main Street, Suite 1600

Lexington, KY, 40507
**Phone:**
859-233-2012
**Phone 2:**
**Fax:**
859-259-0649
**E-mail:**
mfullington@wyattfirm.com

**Other Names Used with Debtor:**

**Amends Claim:**
No
**Acquired Claim:**
No

**Basis of Claim:**
Media Purchases

**Last 4 Digits:**
Yes - 7752

**Uniform Claim Identifier:**

**Total Amount of Claim:**
103,887.00

**Includes Interest or Charges:**
No

**Has Priority Claim:**
No

**Priority Under:**

**Has Secured Claim:**
No
**Amount of 503(b)(9):**
No
**Based on Lease:**
No
**Subject to Right of Setoff:**
No

**Nature of Secured Amount:**
**Value of Property:**
**Annual Interest Rate:**
**Arrearage Amount:**
**Basis for Perfection:**
**Amount Unsecured:**

**Submitted By:**
Mary L. Fullington on 14-Jun-2018 10:04:43 a.m. Eastern Time
**Title:**
Attorney
**Company:**
Wyatt, Tarrant and Combs, LLP

VN: 4F584837846B06DDD6834D09FA3B0836

**Optional Signature Address:**

Mary L. Fullington
250 West Main Street, Suite 1600

Lexington, KY, 40507

**Telephone Number:**
859-233-2012
**Email:**
mfullington@wyattfirm.com

**DIY**
**9721 SHERRILL BLVD**
**KNOXVILLE, TN 37932**
**Phone: (865) 560-4084 Fax: (865) 531-9938**

**Remit To:** **DIY**
**PO BOX 602038**
**CHARLOTTE, NC 28260-2038**

12.6.2018.0850

ATTN ACCOUNTS PAYABLE
MIDAS EXCHANGE, THE
498 7TH AVENUE
NEW YORK, NY 10018

| Order Number | Salesperson (*=shared) | Invoice Number | Page |
|---|---|---|---|
| 547309 | Kristin Maclearie* | 1217-6104-1 | 1 of 2 |
| **Advertiser** 7752 | **Order Class** | **Estimate Code** | **Broadcast Month** |
| OREXIGEN THERAPEUTICS, INC | National | 14 | December 2017 |
| **Product** | **Order Type** | | **Invoice Date** |
| ADF-CONTRAVE | Regular | | 12/31/2017 |

**Note:**

| Schedule | | | | | | | | | Actual Broadcast | | | | | Reconciliation | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **L#** | **Start** | **End** | **Time** | **M** | **T** | **W** | **T** | **F** | **S** | **S** | **Program** | **Date** | **Day** | **Time** | **Len** | **Copy#** | **Cost** | **Remarks** | **DB/CR** |
| 3 | 12/25 | 12/31 | 9:00A - 4:00P | X | X | X | X | | | | Day Rotation M-F 9:00a - 4:00p | 12/26 | TU | 12:24:34 PM | 1:00 | XORE0012000H | $400.00 | | |
| | | | | | | | | | | | | 12/27 | WE | 9:45:02 AM | 1:00 | XORE0012000H | $400.00 | | |
| 5 | 12/25 | 12/31 | 4:00P - 6:00P | X | X | X | X | | | | Early Fringe Rotation M-F 4:00p - 6:00p | 12/26 | TU | 4:29:16 PM | 1:00 | XORE0012000H | $690.00 | | |
| 8 | 12/25 | 12/31 | 6:00P - 8:00P | X | X | X | X | | | | Prime Access Rotation M-F 6:00p - 8:00p | 12/27 | WE | 6:44:41 PM | 1:00 | XORE0012000H | $958.00 | | |
| | | | | | | | | | | | | 12/29 | FR | 7:52:38 PM | 1:00 | XORE0012000H | $958.00 | | |
| 10 | 12/25 | 12/31 | 1:00P - 8:00P | | | | | | X | X | Wkd Day Rotation Sa-Su 1:00p - 8:00p | 12/30 | SA | 4:27:58 PM | 1:00 | XORE0012000H | $1,284.00 | | |
| 13 | 12/25 | 12/31 | 7:00A - 1:00P | | | | | | X | X | Wkd Morning Rotation Sa-Su 7:00a - 1:00p | 12/31 | SU | 7:51:38 AM | 1:00 | XORE0012000H | $1,244.00 | | |
| 16 | 12/25 | 12/31 | 8:00P - 9:00P | X | X | X | X | X | X | | Prime Rotation M-Su 8:00p - 9:00p Mirrored | 12/27 | WE | 8:15:51 PM | 1:00 | XORE0012000H | $2,428.00 | | |
| | | | | | | | | | | | | 12/30 | SA | 8:14:30 PM | 1:00 | XORE0012000H | $2,428.00 | | |
| 19 | 12/25 | 12/31 | 9:00P - 12:00A | X | X | X | X | X | X | | Prime Rotation M-Su 9:00p - 12:00a Mirrored | 12/26 | TU | 11:53:49 PM | 1:00 | XORE0012000H | $2,432.00 | | |
| | | | | | | | | | | | | 12/29 | FR | 11:56:25 PM | 1:00 | XORE0012000H | $2,432.00 | | |
| 22 | 12/25 | 12/31 | 3:00A - 4:00A | X | X | X | X | X | X | | Prime Rotation Mirror M-Su 3a-4a | 12/27 | WE | 3:15:51 AM | 1:00 | XORE0012000H | $0.00 | | |
| | | | | | | | | | | | | 12/30 | SA | 3:14:30 AM | 1:00 | XORE0012000H | $0.00 | | |
| 25 | 12/25 | 12/31 | 12:00A - 3:00A | X | X | X | X | X | X | | Prime Rotation Mirror M-Su 12a-3a | 12/26 | TU | 2:53:49 AM | 1:00 | XORE0012000H | $0.00 | | |
| | | | | | | | | | | | | 12/29 | FR | 2:56:25 AM | 1:00 | XORE0012000H | $0.00 | | |

**DIY**
**9721 SHERRILL BLVD**
**KNOXVILLE, TN 37932**
**Phone: (865) 560-4084 Fax: (865) 531-9938**

**Remit To:** **DIY**
**PO BOX 602038**
**CHARLOTTE, NC 28260-2038**

12.6.2018.0850

ATTN ACCOUNTS PAYABLE
MIDAS EXCHANGE, THE
498 7TH AVENUE
NEW YORK, NY 10018

| Order Number | Salesperson (*=shared) | Invoice Number | Page |
|---|---|---|---|
| 547309 | Kristin Maclearie* | 1217-6104-1 | 2 of 2 |
| **Advertiser** 7752 | **Order Class** | **Estimate Code** | **Broadcast Month** |
| OREXIGEN THERAPEUTICS, INC | National | 14 | December 2017 |
| **Product** | **Order Type** | | **Invoice Date** |
| ADF-CONTRAVE | Regular | | 12/31/2017 |

**Note:**

| Schedule | | | | | | | | | Actual Broadcast | | | | | Reconciliation | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L# | Start | End | Time | M | T | W | T | F | S | S | Program | Date | Day | Time | Len | Copy# | Cost | Remarks | DB/CR |

**Contract Notes:**

**Gross Billings:** $15,654.00
**Commission:** -$2,348.10 (15.00 %)
**Net Amount Due:** $13,305.90

**Invoice Comment:** Please contact the Scripps Networks-Knoxville AR

**Terms:** NET 30 DAYS

We warrant that the actual broadcast information shown on this invoice was taken from the program log and will be available, on request, for inspection by Advertiser or Agency for at least 12 months.

Not withstanding to whom bills are rendered, Advertiser, Agency and Service, jointly and severally shall remain obligated to pay to Network the amount of any bills rendered by Network within the time specified, and until payment in full is received by Network. Payment by Advertiser to Agency or to Service shall not constitute payment to this Network.

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12.6.2018.0850

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MIDAS EXCHANGE, THE
498 7TH AVENUE
NEW YORK, NY 10018

| Order Number | Salesperson (*=shared) | Invoice Number | Page |
|---|---|---|---|
| 563073 | Kristin Maclearie* | 118-3269-1 | 1 of 3 |
| **Advertiser** 7752 | **Order Class** | **Estimate Code** | **Broadcast Month** |
| OREXIGEN THERAPEUTICS, INC | National | 19 | January 2018 |
| **Product** | **Order Type** | | **Invoice Date** |
| ADF | Regular | | 1/28/2018 |

**Note:**

| Schedule | | | | | | | | | Actual Broadcast | | | | | | Reconciliation | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **L#** | **Start** | **End** | **Time** | **M** | **T** | **W** | **T** | **F** | **S** | **S** | **Program** | **Date** | **Day** | **Time** | **Len** | **Copy#** | **Cost** | **Remarks** | **DB/CR** |
| 1 | 1/1 | 1/7 | 9:00A - 4:00P | X | X | X | X | X | | | Day Rotation M-F 9:00a - 4:00p | 1/4 | TH | 1:08:33 PM | 1:00 | XORE0012000H | $442.00 | | |
| 2 | 1/8 | 1/14 | 9:00A - 4:00P | X | X | X | X | X | | | Day Rotation M-F 9:00a - 4:00p | 1/8 | MO | 9:24:13 AM | 1:00 | XORE0012000H | $442.00 | | |
| | | | | | | | | | | | | 1/9 | TU | 1:54:16 PM | 1:00 | XORE0012000H | $442.00 | | |
| 3 | 1/15 | 1/21 | 9:00A - 4:00P | X | X | X | X | X | | | Day Rotation M-F 9:00a - 4:00p | 1/15 | MO | 12:14:13 PM | 1:00 | XORE0012000H | $442.00 | | |
| | | | | | | | | | | | | 1/16 | TU | 1:49:16 PM | 1:00 | XORE0012000H | $442.00 | | |
| 10 | 1/1 | 1/7 | 4:00P - 6:00P | X | X | X | X | X | | | Early Fringe Rotation M-F 4:00p - 6:00p | 1/2 | TU | 5:43:29 PM | 1:00 | XORE0012000H | $766.00 | | |
| 11 | 1/8 | 1/14 | 4:00P - 6:00P | X | X | X | X | X | | | Early Fringe Rotation M-F 4:00p - 6:00p | 1/12 | FR | 4:37:46 PM | 1:00 | XORE0012000H | $766.00 | | |
| 12 | 1/15 | 1/21 | 4:00P - 6:00P | X | X | X | X | X | | | Early Fringe Rotation M-F 4:00p - 6:00p | 1/18 | TH | 5:14:29 PM | 1:00 | XORE0012000H | $766.00 | | |
| 16 | 1/1 | 1/7 | 6:00P - 8:00P | X | X | X | X | X | | | Prime Access Rotation M-F 6:00p - 8:00p | 1/2 | TU | 6:53:16 PM | 1:00 | XORE0012000H | $1,046.00 | | |
| 17 | 1/8 | 1/14 | 6:00P - 8:00P | X | X | X | X | X | | | Prime Access Rotation M-F 6:00p - 8:00p | 1/8 | MO | 6:53:36 PM | 1:00 | XORE0012000H | $1,046.00 | | |
| 18 | 1/15 | 1/21 | 6:00P - 8:00P | X | X | X | X | X | | | Prime Access Rotation M-F 6:00p - 8:00p | 1/18 | TH | 7:25:03 PM | 1:00 | XORE0012000H | $1,046.00 | | |
| 25 | 1/1 | 1/7 | 1:00P - 8:00P | | | | | | X | X | Wkd Day Rotation Sa-Su 1:00p - 8:00p | 1/7 | SU | 1:27:12 PM | 1:00 | XORE0012000H | $1,628.00 | | |
| 26 | 1/15 | 1/21 | 1:00P - 8:00P | | | | | | X | X | Wkd Day Rotation Sa-Su 1:00p - | | | | | | | | |

DIY
9721 SHERRILL BLVD
KNOXVILLE, TN 37932
Phone: (865) 560-4084 Fax: (865) 531-9938

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PO BOX 602038
CHARLOTTE, NC 28260-2038

12.6.2018.0850

ATTN ACCOUNTS PAYABLE
MIDAS EXCHANGE, THE
498 7TH AVENUE
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| Order Number | Salesperson (*=shared) | Invoice Number | Page |
|---|---|---|---|
| 563073 | Kristin Maclearie* | 118-3269-1 | 2 of 3 |
| **Advertiser** 7752 | **Order Class** | **Estimate Code** | **Broadcast Month** |
| OREXIGEN THERAPEUTICS, INC | National | 19 | January 2018 |
| **Product** | **Order Type** | | **Invoice Date** |
| ADF | Regular | | 1/28/2018 |

**Note:**

| Schedule | | | | | | | | | | Actual Broadcast | | | | | Reconciliation | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L# | Start | End | Time | M | T | W | T | F | S | S | Program | Date | Day Time | Len | Copy# | Cost | Remarks | DB/CR |
| | | | 8:00p | | | | | | | | | 1/20 | SA 2:54:06 PM | 1:00 | XORE0012000H | $1,628.00 | | |
| 30 | 1/8 | 1/14 | 7:00A - 1:00P | | | | | | X | X | Wkd Morning Rotation Sa-Su 7:00a - 1:00p | 1/14 | SU 8:55:20 AM | 1:00 | XORE0012000H | $1,388.00 | | |
| 37 | 1/1 | 1/7 | 8:00P - 9:00P | X | X | X | X | X | X | X | Prime Rotation M-Su 8:00p - 9:00p Mirrored | 1/2 | TU 8:53:49 PM | 1:00 | XORE0012000H | $2,536.00 | | |
| | | | | | | | | | | | | 1/5 | FR 8:56:58 PM | 1:00 | XORE0012000H | $2,536.00 | | |
| 38 | 1/8 | 1/14 | 8:00P - 9:00P | X | X | X | X | X | X | X | Prime Rotation M-Su 8:00p - 9:00p Mirrored | 1/8 | MO 8:26:12 PM | 1:00 | XORE0012000H | $2,536.00 | | |
| | | | | | | | | | | | | 1/12 | FR 8:28:20 PM | 1:00 | XORE0012000H | $2,536.00 | | |
| 39 | 1/15 | 1/21 | 8:00P - 9:00P | X | X | X | X | X | X | X | Prime Rotation M-Su 8:00p - 9:00p Mirrored | 1/16 | TU 8:53:41 PM | 1:00 | XORE0012000H | $2,536.00 | | |
| | | | | | | | | | | | | 1/21 | SU 8:29:12 PM | 1:00 | XORE0012000H | $2,536.00 | | |
| 46 | 1/1 | 1/7 | 9:00P - 12:00A | X | X | X | X | X | X | X | Prime Rotation M-Su 9:00p - 12:00a Mirrored | 1/3 | WE 11:14:15 PM | 1:00 | XORE0012000H | $2,536.00 | | |
| 47 | 1/8 | 1/14 | 9:00P - 12:00A | X | X | X | X | X | X | X | Prime Rotation M-Su 9:00p - 12:00a Mirrored | 1/10 | WE 11:16:02 PM | 1:00 | XORE0012000H | $2,536.00 | | |
| 48 | 1/15 | 1/21 | 9:00P - 12:00A | X | X | X | X | X | X | X | Prime Rotation M-Su 9:00p - 12:00a Mirrored | 1/20 | SA 11:54:21 PM | 1:00 | XORE0012000H | $2,536.00 | | |
| 55 | 1/1 | 1/7 | 3:00A - 4:00A | X | X | X | X | X | X | X | Prime Rotation Mirror M-Su 3a-4a | 1/2 | TU 3:53:49 AM | 1:00 | XORE0012000H | $0.00 | | |
| | | | | | | | | | | | | 1/5 | FR 3:56:58 AM | 1:00 | XORE0012000H | $0.00 | | |
| 56 | 1/8 | 1/14 | 3:00A - 4:00A | X | X | X | X | X | X | X | Prime Rotation Mirror M-Su 3a-4a | 1/8 | MO 3:26:12 AM | 1:00 | XORE0012000H | $0.00 | | |

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| 563073 | Kristin Maclearie* | 118-3269-1 | 3 of 3 |
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| ADF | Regular | | 1/28/2018 |

**Note:**

| Schedule | | | | | | | | | Actual Broadcast | | | | | Reconciliation | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L# | Start | End | Time | M | T | W | T | F | S | S | Program | Date | Day | Time | Len | Copy# | Cost | Remarks | DB/CR |
| | | | | | | | | | | | | 1/12 | FR | 3:28:20 AM | 1:00 | XORE0012000H | $0.00 | | |
| 57 | 1/15 | 1/21 | 3:00A - 4:00A | X | X | X | X | X | X | X | Prime Rotation Mirror M-Su 3a-4a | | | | | | | | |
| | | | | | | | | | | | | 1/16 | TU | 3:53:41 AM | 1:00 | XORE0012000H | $0.00 | | |
| | | | | | | | | | | | | 1/21 | SU | 3:29:12 AM | 1:00 | XORE0012000H | $0.00 | | |
| 64 | 1/1 | 1/7 | 12:00A - 3:00A | X | X | X | X | X | X | X | Prime Rotation Mirror M-Su 12a-3a | | | | | | | | |
| | | | | | | | | | | | | 1/3 | WE | 2:14:15 AM | 1:00 | XORE0012000H | $0.00 | | |
| 65 | 1/8 | 1/14 | 12:00A - 3:00A | X | X | X | X | X | X | X | Prime Rotation Mirror M-Su 12a-3a | | | | | | | | |
| | | | | | | | | | | | | 1/10 | WE | 2:16:02 AM | 1:00 | XORE0012000H | $0.00 | | |
| 66 | 1/15 | 1/21 | 12:00A - 3:00A | X | X | X | X | X | X | X | Prime Rotation Mirror M-Su 12a-3a | | | | | | | | |
| | | | | | | | | | | | | 1/20 | SA | 2:54:21 AM | 1:00 | XORE0012000H | $0.00 | | |

**Contract Notes:**

**Invoice Comment:** Please contact the Scripps Networks-Knoxville AR

| | |
|---|---|
| **Gross Billings:** | $35,114.00 |
| **Commission:** | -$5,267.10 (15.00 %) |
| **Net Amount Due:** | $29,846.90 |

**Terms:** NET 30 DAYS

We warrant that the actual broadcast information shown on this invoice was taken from the program log and will be available, on request, for inspection by Advertiser or Agency for at least 12 months.

Not withstanding to whom bills are rendered, Advertiser, Agency and Service, jointly and severally shall remain obligated to pay to Network the amount of any bills rendered by Network within the time specified, and until payment in full is received by Network. Payment by Advertiser to Agency or to Service shall not constitute payment to this Network.

**DIY**
**9721 SHERRILL BLVD**
**KNOXVILLE, TN 37932**
**Phone: (865) 560-4084 Fax: (865) 531-9938**

**Remit To:** **DIY**
**PO BOX 602038**
**CHARLOTTE, NC 28260-2038**

12.6.2018.0850

ATTN ACCOUNTS PAYABLE
MIDAS EXCHANGE, THE
498 7TH AVENUE
NEW YORK, NY 10018

| Order Number | Salesperson (*=shared) | Invoice Number | Page |
|---|---|---|---|
| 563073 | Kristin Maclearie* | 218-4180-1 | 1 of 3 |
| **Advertiser** 7752 | **Order Class** | **Estimate Code** | **Broadcast Month** |
| OREXIGEN THERAPEUTICS, INC | National | 19 | February 2018 |
| **Product** | **Order Type** | | **Invoice Date** |
| ADF | Regular | | 2/25/2018 |

**Note:**

| Schedule | | | | | | | | | Actual Broadcast | | | | | | Reconciliation | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **L#** | **Start** | **End** | **Time** | **M** | **T** | **W** | **T** | **F** | **S** | **S** | **Program** | **Date** | **Day** | **Time** | **Len** | **Copy#** | **Cost** | **Remarks** | **DB/CR** |
| 4 | 1/29 | 2/4 | 9:00A - 4:00P | X | X | X | X | X | | | Day Rotation M-F 9:00a - 4:00p | | | | | | | | |
| | | | | | | | | | | | | 1/29 | MO | 12:43:07 PM | 1:00 | XORE0012000H | $442.00 | | |
| | | | | | | | | | | | | 1/30 | TU | 12:17:17 PM | 1:00 | XORE0012000H | $442.00 | | |
| 5 | 2/5 | 2/11 | 9:00A - 4:00P | X | X | X | X | X | | | Day Rotation M-F 9:00a - 4:00p | | | | | | | | |
| | | | | | | | | | | | | 2/5 | MO | 11:15:59 AM | 1:00 | XORE0012000H | $442.00 | | |
| | | | | | | | | | | | | 2/8 | TH | 3:53:13 PM | 1:00 | XORE0012000H | $442.00 | | |
| 6 | 2/12 | 2/18 | 9:00A - 4:00P | X | X | X | X | X | | | Day Rotation M-F 9:00a - 4:00p | | | | | | | | |
| | | | | | | | | | | | | 2/13 | TU | 2:53:13 PM | 1:00 | XORE0012000H | $442.00 | | |
| | | | | | | | | | | | | 2/14 | WE | 10:28:19 AM | 1:00 | XORE0012000H | $442.00 | | |
| 19 | 1/29 | 2/4 | 6:00P - 8:00P | X | X | X | X | X | | | Prime Access Rotation M-F 6:00p - 8:00p | | | | | | | | |
| | | | | | | | | | | | | 2/2 | FR | 7:53:10 PM | 1:00 | XORE0012000H | $1,046.00 | | |
| 20 | 2/5 | 2/11 | 6:00P - 8:00P | X | X | X | X | X | | | Prime Access Rotation M-F 6:00p - 8:00p | | | | | | | | |
| | | | | | | | | | | | | 2/6 | TU | 6:54:06 PM | 1:00 | XORE0012000H | $1,046.00 | | |
| | | | | | | | | | | | | 2/9 | FR | 6:14:45 PM | 1:00 | XORE0012000H | $1,046.00 | | |
| 21 | 2/12 | 2/18 | 6:00P - 8:00P | X | X | X | X | X | | | Prime Access Rotation M-F 6:00p - 8:00p | | | | | | | | |
| | | | | | | | | | | | | 2/13 | TU | 6:52:17 PM | 1:00 | XORE0012000H | $1,046.00 | | |
| | | | | | | | | | | | | 2/14 | WE | 6:15:18 PM | 1:00 | XORE0012000H | $1,046.00 | | |
| 31 | 1/29 | 2/4 | 7:00A - 1:00P | | | | | | X | X | Wkd Morning Rotation Sa-Su 7:00a - 1:00p | | | | | | | | |
| | | | | | | | | | | | | 2/3 | SA | 7:43:17 AM | 1:00 | XORE0012000H | $1,388.00 | | |
| | | | | | | | | | | | | 2/4 | SU | 8:54:25 AM | 1:00 | XORE0012000H | $1,388.00 | | |
| 32 | 2/5 | 2/11 | 7:00A - 1:00P | | | | | | X | X | Wkd Morning Rotation Sa-Su 7:00a - 1:00p | | | | | | | | |
| | | | | | | | | | | | | 2/11 | SU | 11:54:43 AM | 1:00 | XORE0012000H | $1,388.00 | | |
| 33 | 2/12 | 2/18 | 7:00A - 1:00P | | | | | | X | X | Wkd Morning Rotation Sa-Su 7:00a - 1:00p | | | | | | | | |
| | | | | | | | | | | | | 2/18 | SU | 8:28:53 AM | 1:00 | XORE0012000H | $1,388.00 | | |

**DIY**
**9721 SHERRILL BLVD**
**KNOXVILLE, TN 37932**
**Phone: (865) 560-4084 Fax: (865) 531-9938**

**Remit To:** **DIY**
**PO BOX 602038**
**CHARLOTTE, NC 28260-2038**

12.6.2018.0850

ATTN ACCOUNTS PAYABLE
MIDAS EXCHANGE, THE
498 7TH AVENUE
NEW YORK, NY 10018

| Order Number | Salesperson (*=shared) | Invoice Number | Page |
|---|---|---|---|
| 563073 | Kristin Maclearie* | 218-4180-1 | 2 of 3 |
| **Advertiser** .7752 | **Order Class** | **Estimate Code** | **Broadcast Month** |
| OREXIGEN THERAPEUTICS, INC | National | 19 | February 2018 |
| **Product** | **Order Type** | | **Invoice Date** |
| ADF | Regular | | 2/25/2018 |

**Note:**

| Schedule | | | | | | | | | | Actual Broadcast | | | | | Reconciliation | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **L#** | **Start** | **End** | **Time** | **M** | **T** | **W** | **T** | **F** | **S** | **S** **Program** | **Date** | **Day** | **Time** | **Len** | **Copy#** | **Cost** | **Remarks** | **DB/CR** |
| 40 | 1/29 | 2/4 | 8:00P - 9:00P | X | X | X | X | X | X | X Prime Rotation M-Su 8:00p - 9:00p Mirrored | 1/31 | WE | 8:55:36 PM | 1:00 | XORE0012000H | $2,536.00 | | |
| 41 | 2/5 | 2/11 | 8:00P - 9:00P | X | X | X | X | X | X | X Prime Rotation M-Su 8:00p - 9:00p Mirrored | 2/11 | SU | 8:53:14 PM | 1:00 | XORE0012000H | $2,536.00 | | |
| 42 | 2/12 | 2/18 | 8:00P - 9:00P | X | X | X | X | X | X | X Prime Rotation M-Su 8:00p - 9:00p Mirrored | 2/15 | TH | 8:14:24 PM | 1:00 | XORE0012000H | $2,536.00 | | |
| 49 | 1/29 | 2/4 | 9:00P - 12:00A | X | X | X | X | X | X | X Prime Rotation M-Su 9:00p - 12:00a Mirrored | 2/1 | TH | 11:45:04 PM | 1:00 | XORE0012000H | $2,536.00 | | |
| | | | | | | | | | | | 2/2 | FR | 11:30:25 PM | 1:00 | XORE0012000H | $2,536.00 | | |
| | | | | | | | | | | | 2/3 | SA | 11:15:18 PM | 1:00 | XORE0012000H | $2,536.00 | | |
| 50 | 2/5 | 2/11 | 9:00P - 12:00A | X | X | X | X | X | X | X Prime Rotation M-Su 9:00p - 12:00a Mirrored | 2/6 | TU | 11:52:32 PM | 1:00 | XORE0012000H | $2,536.00 | | |
| | | | | | | | | | | | 2/8 | TH | 10:53:32 PM | 1:00 | XORE0012000H | $2,536.00 | | |
| | | | | | | | | | | | 2/10 | SA | 11:45:48 PM | 1:00 | XORE0012000H | $2,536.00 | | |
| 51 | 2/12 | 2/18 | 9:00P - 12:00A | X | X | X | X | X | X | X Prime Rotation M-Su 9:00p - 12:00a Mirrored | 2/13 | TU | 11:33:07 PM | 1:00 | XORE0012000H | $2,536.00 | | |
| | | | | | | | | | | | 2/14 | WE | 11:29:57 PM | 1:00 | XORE0012000H | $2,536.00 | | |
| | | | | | | | | | | | 2/18 | SU | 11:28:06 PM | 1:00 | XORE0012000H | $2,536.00 | | |
| 58 | 1/29 | 2/4 | 3:00A - 4:00A | X | X | X | X | X | X | X Prime Rotation Mirror M-Su 3a-4a | 1/31 | WE | 3:55:36 AM | 1:00 | XORE0012000H | $0.00 | | |
| 59 | 2/5 | 2/11 | 3:00A - 4:00A | X | X | X | X | X | X | X Prime Rotation Mirror M-Su 3a-4a | 2/11 | SU | 3:53:14 AM | 1:00 | XORE0012000H | $0.00 | | |
| 60 | 2/12 | 2/18 | 3:00A - 4:00A | X | X | X | X | X | X | X Prime Rotation Mirror M-Su 3a-4a | 2/15 | TH | 3:14:24 AM | 1:00 | XORE0012000H | $0.00 | | |

**DIY**
**9721 SHERRILL BLVD**
**KNOXVILLE, TN 37932**
**Phone: (865) 560-4084 Fax: (865) 531-9938**

**Remit To:** **DIY**
**PO BOX 602038**
**CHARLOTTE, NC 28260-2038**

12.6.2018.0850

ATTN ACCOUNTS PAYABLE
MIDAS EXCHANGE, THE
498 7TH AVENUE
NEW YORK, NY 10018

| Order Number | Salesperson (*=shared) | Invoice Number | Page |
|---|---|---|---|
| 563073 | Kristin Maclearie* | 218-4180-1 | 3 of 3 |
| **Advertiser** 7752 | **Order Class** | **Estimate Code** | **Broadcast Month** |
| OREXIGEN THERAPEUTICS, INC | National | 19 | February 2018 |
| **Product** | **Order Type** | | **Invoice Date** |
| ADF | Regular | | 2/25/2018 |

**Note:**

| Schedule | | | | | | | | | Actual Broadcast | | | | | | Reconciliation | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **L#** | **Start** | **End** | **Time** | **M** | **T** | **W** | **T** | **F** | **S** | **S** | **Program** | **Date** | **Day** | **Time** | **Len** | **Copy#** | **Cost** | **Remarks** | **DB/CR** |
| 67 | 1/29 | 2/4 | 12:00A-3:00A | X | X | X | X | X | X | X | Prime Rotation Mirror M-Su 12a-3a | | | | | | | | |
| | | | | | | | | | | | | 2/1 | TH | 2:45:04 AM | 1:00 | XORE0012000H | $0.00 | | |
| | | | | | | | | | | | | 2/2 | FR | 2:30:25 AM | 1:00 | XORE0012000H | $0.00 | | |
| | | | | | | | | | | | | 2/3 | SA | 2:15:18 AM | 1:00 | XORE0012000H | $0.00 | | |
| 68 | 2/5 | 2/11 | 12:00A-3:00A | X | X | X | X | X | X | X | Prime Rotation Mirror M-Su 12a-3a | | | | | | | | |
| | | | | | | | | | | | | 2/6 | TU | 2:52:32 AM | 1:00 | XORE0012000H | $0.00 | | |
| | | | | | | | | | | | | 2/8 | TH | 1:53:32 AM | 1:00 | XORE0012000H | $0.00 | | |
| | | | | | | | | | | | | 2/10 | SA | 2:45:48 AM | 1:00 | XORE0012000H | $0.00 | | |
| 69 | 2/12 | 2/18 | 12:00A-3:00A | X | X | X | X | X | X | X | Prime Rotation Mirror M-Su 12a-3a | | | | | | | | |
| | | | | | | | | | | | | 2/13 | TU | 2:33:07 AM | 1:00 | XORE0012000H | $0.00 | | |
| | | | | | | | | | | | | 2/14 | WE | 2:29:57 AM | 1:00 | XORE0012000H | $0.00 | | |
| | | | | | | | | | | | | 2/18 | SU | 2:28:06 AM | 1:00 | XORE0012000H | $0.00 | | |

**Contract Notes:**

**Gross Billings:** $43,866.00
**Commission:** -$6,579.90 (15.00 %)
**Net Amount Due:** $37,286.10

**Invoice Comment:** Please contact the Scripps Networks-Knoxville AR

**Terms:** NET 30 DAYS

We warrant that the actual broadcast information shown on this invoice was taken from the program log and will be available, on request, for inspection by Advertiser or Agency for at least 12 months.

Not withstanding to whom bills are rendered, Advertiser, Agency and Service, jointly and severally shall remain obligated to pay to Network the amount of any bills rendered by Network within the time specified, and until payment in full is received by Network. Payment by Advertiser to Agency or to Service shall not constitute payment to this Network.

DIY
9721 SHERRILL BLVD
KNOXVILLE, TN 37932
Phone: (865) 560-4084 Fax: (865) 531-9938

**Remit To:** DIY
PO BOX 602038
CHARLOTTE, NC 28260-2038

12.6.2018.0850

ATTN ACCOUNTS PAYABLE
MIDAS EXCHANGE, THE
498 7TH AVENUE
NEW YORK, NY 10018

| Order Number | Salesperson (*=shared) | Invoice Number | Page |
|---|---|---|---|
| 563073 | Kristin Maclearie* | 318-6142-2 | 1 of 3 |
| **Advertiser** 7752 | **Order Class** | **Estimate Code** | **Broadcast Month** |
| OREXIGEN THERAPEUTICS, INC | National | 19 | March 2018 |
| **Product** | **Order Type** | **Original Date** | **Invoice Date** |
| ADF | Regular | 4/1/2018 | 6/6/2018 |

**Note:**

| Schedule | | | | | | | | | | | | Actual Broadcast | | | | | Reconciliation | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L# | Start | End | Time | M | T | W | T | F | S | S | Program | Date | Day | Time | Len | Copy# | Cost | Remarks DB/CR |
| 7 | 2/26 | 3/4 | 9:00A - 4:00P | X | X | X | X | X | | | Day Rotation M-F 9:00a - 4:00p | 2/26 | MO | 10:25:29 AM | 1:00 | XORE0012000H | $442.00 | |
| 8 | 3/5 | 3/11 | 9:00A - 4:00P | X | X | X | X | X | | | Day Rotation M-F 9:00a - 4:00p | 3/5 | MO | 10:56:23 AM | 1:00 | XORE0012000H | $442.00 | |
| | | | | | | | | | | | | 3/5 | MO | 1:20:22 PM | 1:00 | XORE0012000H | $442.00 | |
| 13 | 2/26 | 3/4 | 4:00P - 6:00P | X | X | X | X | X | | | Early Fringe Rotation M-F 4:00p - 6:00p | 3/1 | TH | 5:15:54 PM | 1:00 | XORE0012000H | $766.00 | |
| 14 | 3/5 | 3/11 | 4:00P - 6:00P | X | X | X | X | X | | | Early Fringe Rotation M-F 4:00p - 6:00p | 3/8 | TH | 4:30:37 PM | 1:00 | XORE0012000H | $766.00 | |
| 22 | 2/26 | 3/4 | 6:00P - 8:00P | X | X | X | X | X | | | Prime Access Rotation M-F 6:00p - 8:00p | 2/27 | TU | 6:25:52 PM | 1:00 | XORE0012000H | $1,046.00 | |
| 23 | 3/5 | 3/11 | 6:00P - 8:00P | X | X | X | X | X | | | Prime Access Rotation M-F 6:00p - 8:00p | 3/6 | TU | 7:47:18 PM | 1:00 | XORE0012000H | $1,046.00 | |
| 27 | 2/26 | 3/4 | 1:00P - 8:00P | | | | | | X | X | Wkd Day Rotation Sa-Su 1:00p - 8:00p | 3/4 | SU | 4:53:46 PM | 1:00 | XORE0012000H | $1,628.00 | |
| 28 | 3/5 | 3/11 | 1:00P - 8:00P | | | | | | X | X | Wkd Day Rotation Sa-Su 1:00p - 8:00p | 3/10 | SA | 5:14:13 PM | 1:00 | XORE0012000H | $1,628.00 | |
| 34 | 2/26 | 3/4 | 7:00A - 1:00P | | | | | | X | X | Wkd Morning Rotation Sa-Su 7:00a - 1:00p | 3/3 | SA | 11:21:56 AM | 1:00 | XORE0012000H | $1,388.00 | |
| | | | | | | | | | | | | 3/4 | SU | 8:24:37 AM | 1:00 | XORE0012000H | $1,388.00 | |
| 35 | 3/5 | 3/11 | 7:00A - 1:00P | | | | | | X | X | Wkd Morning Rotation Sa-Su 7:00a - 1:00p | 3/11 | SU | 10:53:07 AM | 1:00 | XORE0012000H | $1,388.00 | |
| 43 | 2/26 | 3/4 | 8:00P - 9:00P | X | X | X | X | X | X | X | Prime Rotation M-Su 8:00p - | | | | | | | |

**DIY**
**9721 SHERRILL BLVD**
**KNOXVILLE, TN 37932**
**Phone: (865) 560-4084 Fax: (865) 531-9938**

**Remit To:** **DIY**
**PO BOX 602038**
**CHARLOTTE, NC 28260-2038**

12.6.2018.0850

ATTN ACCOUNTS PAYABLE
MIDAS EXCHANGE, THE
498 7TH AVENUE
NEW YORK, NY 10018

| Order Number | Salesperson (*=shared) | Invoice Number | Page |
|---|---|---|---|
| 563073 | Kristin Maclearie* | 318-6142-2 | 2 of 3 |
| **Advertiser** 7752 | **Order Class** | **Estimate Code** | **Broadcast Month** |
| OREXIGEN THERAPEUTICS, INC | National | 19 | March 2018 |
| **Product** | **Order Type** | **Original Date** | **Invoice Date** |
| ADF | Regular | 4/1/2018 | 6/6/2018 |

**Note:**

| Schedule | | | | | Actual Broadcast | | | | | Reconciliation | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **L#** | **Start** | **End** | **Time** | **M T W T F S S Program** | **Date** | **Day** | **Time** | **Len** | **Copy#** | **Cost** | **Remarks** **DB/CR** |
| | | | | 9:00p Mirrored | | | | | | | |
| | | | | | 2/26 | MO | 8:43:52 PM | 1:00 | XORE0012000H | $2,536.00 | |
| 44 | 3/5 | 3/11 | 8:00P - 9:00P | X X X X X X X Prime Rotation M-Su 8:00p - 9:00p Mirrored | | | | | | | |
| | | | | | 3/6 | TU | 8:53:22 PM | 1:00 | XORE0012000H | $2,536.00 | |
| 52 | 2/26 | 3/4 | 9:00P - 12:00A | X X X X X X X Prime Rotation M-Su 9:00p - 12:00a Mirrored | | | | | | | |
| | | | | | 3/1 | TH | 11:44:24 PM | 1:00 | XORE0012000H | $2,536.00 | |
| | | | | | 3/4 | SU | 11:25:21 PM | 1:00 | XORE0012000H | $2,536.00 | |
| 53 | 3/5 | 3/11 | 9:00P - 12:00A | X X X X X X X Prime Rotation M-Su 9:00p - 12:00a Mirrored | | | | | | | |
| | | | | | 3/6 | TU | 11:55:24 PM | 1:00 | XORE0012000H | $2,536.00 | |
| | | | | | 3/9 | FR | 11:32:40 PM | 1:00 | XORE0012000H | $2,536.00 | |
| 61 | 2/26 | 3/4 | 3:00A - 4:00A | X X X X X X X Prime Rotation Mirror M-Su 3a-4a | | | | | | | |
| | | | | | 2/26 | MO | 3:43:52 AM | 1:00 | XORE0012000H | $0.00 | |
| 62 | 3/5 | 3/11 | 3:00A - 4:00A | X X X X X X X Prime Rotation Mirror M-Su 3a-4a | | | | | | | |
| | | | | | 3/6 | TU | 3:53:22 AM | 1:00 | XORE0012000H | $0.00 | |
| 70 | 2/26 | 3/4 | 12:00A - 3:00A | X X X X X X X Prime Rotation Mirror M-Su 12a-3a | | | | | | | |
| | | | | | 3/1 | TH | 2:44:24 AM | 1:00 | XORE0012000H | $0.00 | |
| | | | | | 3/4 | SU | 2:25:21 AM | 1:00 | XORE0012000H | $0.00 | |
| 71 | 3/5 | 3/11 | 12:00A - 3:00A | X X X X X X X Prime Rotation Mirror M-Su 12a-3a | | | | | | | |
| | | | | | 3/6 | TU | 2:55:24 AM | 1:00 | XORE0012000H | $0.00 | |
| | | | | | 3/9 | FR | 2:32:40 AM | 1:00 | XORE0012000H | $0.00 | |

**DIY**
**9721 SHERRILL BLVD**
**KNOXVILLE, TN 37932**
**Phone: (865) 560-4084 Fax: (865) 531-9938**

**Remit To:** **DIY**
**PO BOX 602038**
**CHARLOTTE, NC 28260-2038**

12.6.2018.0850

ATTN ACCOUNTS PAYABLE
MIDAS EXCHANGE, THE
498 7TH AVENUE
NEW YORK, NY 10018

| Order Number | Salesperson (*=shared) | Invoice Number | Page |
|---|---|---|---|
| 563073 | Kristin Maclearie* | 318-6142-2 | 3 of 3 |
| **Advertiser** 7752 | **Order Class** | **Estimate Code** | **Broadcast Month** |
| OREXIGEN THERAPEUTICS, INC | National | 19 | March 2018 |
| **Product** | **Order Type** | **Original Date** | **Invoice Date** |
| ADF | Regular | 4/1/2018 | 6/6/2018 |

**Note:**

| Schedule | | | | | | | | | Actual Broadcast | | | | | Reconciliation | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L# | Start | End | Time | M | T | W | T | F | S | S | Program | Date | Day | Time | Len | Copy# | Cost | Remarks | DB/CR |

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**Contract Notes:**

| | |
|---|---|
| **Gross Billings:** | $27,586.00 |
| **Commission:** | -$4,137.90 (15.00 %) |
| **Net Amount Due:** | $23,448.10 |

**Invoice Comment:** Please contact the Scripps Networks-Knoxville AR

**Terms:** NET 30 DAYS

We warrant that the actual broadcast information shown on this invoice was taken from the program log and will be available, on request, for inspection by Advertiser or Agency for at least 12 months.

Not withstanding to whom bills are rendered, Advertiser, Agency and Service, jointly and severally shall remain obligated to pay to Network the amount of any bills rendered by Network within the time specified, and until payment in full is received by Network. Payment by Advertiser to Agency or to Service shall not constitute payment to this Network.