

DUPLICATE INVOICE



KTVD-TV
500 Speer Blvd.
Denver, CO 80203
Main: (303)871-9999
Billing:

Invoice #	Invoice Date	Invoice Month	Invoice Period
1411883-1	04/30/17	April 2017	03/27/17 - 04/27/17

Property	Account Executive	Sales Office	Sales Region
KTVD	Mary Tricoli	Telerep Philadel	National

Billing Address:

Canal Partners Media / POL
Attention: Accounts Payable
25 Whitlock Place, Suite 201
Marietta, GA 30064

Advertiser	Product	Estimate Number
Alliance for Healthcare Seci	ALLIANCE 4 HEALTHCAR	4877

Flight Dates	Order #	Alt Order #
04/25/17 - 04/27/17	1411883	08625361

Billing Calendar	Billing Type	Deal #
Broadcast	Cash	

Special Handling
SP/Other as noted in contract remarks

Send Payment To:

KTVD-TV
KTVD
PO BOX: 637367
Cincinnati, OH 45263-7367

Agency Code	Advertiser Code	Product 1/2
	791	917

Agency Ref	Advertiser Ref
20042AG	108745

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/ Week	Rate	Type	
5	04/27/17	04/27/17	KTVD 9News 7a	M-F 7-8a	---T---	:30	1	\$400.00	NM	
Weeks:		<u>Start Date</u>	<u>End Date</u>	<u>MTWTFSS</u>	<u>Spots/Week</u>	<u>Rate</u>				
		04/24/17	04/30/17	---T---	1	\$400.00				
<u>Spots: #</u>	<u>Ch</u>	<u>Day</u>	<u>Air Date</u>	<u>Air Time</u>	<u>Description</u>	<u>Start/End Time</u>	<u>Length</u>	<u>Ad-ID</u>	<u>Rate</u>	<u>Type</u>
1	KTVD	Th	04/27/17	7:49 AM	KTVD 9News 7a	M-F 7-8a	:30	AHC172230H	\$400.00	NM
6	04/27/17	04/27/17	KTVD 9News 8-9a	M-F 8-9a	---T---	:30	1	\$400.00	NM	
Weeks:		<u>Start Date</u>	<u>End Date</u>	<u>MTWTFSS</u>	<u>Spots/Week</u>	<u>Rate</u>				
		04/24/17	04/30/17	---T---	1	\$400.00				
<u>Spots: #</u>	<u>Ch</u>	<u>Day</u>	<u>Air Date</u>	<u>Air Time</u>	<u>Description</u>	<u>Start/End Time</u>	<u>Length</u>	<u>Ad-ID</u>	<u>Rate</u>	<u>Type</u>
1	KTVD	Th	04/27/17	8:56 AM	KTVD 9News 8-9a	M-F 8-9a	:30	AHC172230H	\$400.00	NM
7	04/25/17	04/25/17	KTVD 9News 8-9a	M-F 8-9a	-T-----	:30	1	\$400.00	NM	
Weeks:		<u>Start Date</u>	<u>End Date</u>	<u>MTWTFSS</u>	<u>Spots/Week</u>	<u>Rate</u>				
		04/24/17	04/30/17	-T-----	1	\$400.00				
<u>Spots: #</u>	<u>Ch</u>	<u>Day</u>	<u>Air Date</u>	<u>Air Time</u>	<u>Description</u>	<u>Start/End Time</u>	<u>Length</u>	<u>Ad-ID</u>	<u>Rate</u>	<u>Type</u>
1	KTVD	Tu	04/25/17	8:58 AM	KTVD 9News 8-9a	M-F 8-9a	:30	AHC172230H	\$400.00	NM
8	04/26/17	04/26/17	KTVD 9News 7a	M-F 7-8a	--W----	:30	1	\$400.00	NM	
Weeks:		<u>Start Date</u>	<u>End Date</u>	<u>MTWTFSS</u>	<u>Spots/Week</u>	<u>Rate</u>				
		04/24/17	04/30/17	--W----	1	\$400.00				
<u>Spots: #</u>	<u>Ch</u>	<u>Day</u>	<u>Air Date</u>	<u>Air Time</u>	<u>Description</u>	<u>Start/End Time</u>	<u>Length</u>	<u>Ad-ID</u>	<u>Rate</u>	<u>Type</u>
1	KTVD	W	04/26/17	6:59 AM	KTVD 9News 7a	M-F 7-8a	:30	AHC172230H	\$400.00	NM

Total Spots 4

Standard Terms: Your purchase of advertising is subject to the TEGNA Media Standard Advertising Terms and Conditions (Standard Terms), which are available at <http://bit.ly/2eyrbCA>, as well as on the Advertise With Us section under the About tab of Station website. You will be deemed to have accepted our Standard Terms upon the earliest of (i) the date you sign the Insertion Order to which this invoice relates, (ii) the date the campaign contemplated by this invoice first launches, or (iii) the date on which you pay any amounts specified on this invoice. Any claims by Advertiser for a credit related to Campaigns run under this Agreement (e.g., billing disputes, claims that Campaigns ran in the wrong time slot, etc.) must be submitted in writing to Station within ninety (90) days of the invoice date or the claim will be waived. If Advertiser disputes any amounts owed hereunder, Advertiser will pay all amounts not in dispute no later than the due date for the applicable invoice. We warrant that the actual broadcast information shown on this invoice was taken from the program log. We warrant spots are posted within two minutes of actual airtime.

Non-Discrimination: TEGNA Media and its stations do not discriminate in advertising contracts on the basis of race, gender or ethnicity. Any provision in any order or agreement for advertising that purports to discriminate on the basis of race, gender or ethnicity, even if handwritten, typed or otherwise made a part of the particular contract, is hereby rejected.

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INVOICE

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PO BOX: 637367
Cincinnati, OH 45263-7367

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1411883-1	04/30/17	April 2017	03/27/17 - 04/27/17
<u>Advertiser</u>		<u>Product</u>	<u>Estimate Number</u>
Alliance for Healthcare Sec		ALLIANCE 4 HEALTHCAR	4877

Include Invoice # on Check - Payment Terms 30 Days

<u>Gross Total</u>	\$1,600.00
<u>Agency Commission</u>	\$240.00
<u>Net Amount Due</u>	\$1,360.00

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