Alt Order #

08627573



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

Canal Partners Media / POL

Marietta, GA 30064

Attention: Accounts Pavable 25 Whitlock Place, Suite 201

Invoice # Invoice Date Invoice Month Invoice Period 1412964-1 04/30/17 03/27/17 - 04/30/17 April 2017

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

04/28/17 - 05/04/17 Billing Calendar Billing Type Deal # Broadcast Cash

Order #

1412964

Special Handling SP/Other as noted in contract remarks

Advertiser Code | Product 1/2 Agency Code 791 917 Advertiser Ref

Agency Ref 20042AG 108745

Advertiser Product Estimate Number Alliance for Healthcare Secu **ALLIANCE 4 HEALTHCAR 4881**

Flight Dates

Send Payment To: KTVD-TV

KTVD

Billing Address:

PO BOX: 637367

Cincinnati, OH 45263-7367

Line Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/ Week	Rate	Type		
1 04/28/17	04/28/17	KTVD 9News 7a	M-F 7-8a	F	:30	1	\$400.00	NM		
Weeks:	Start Date 04/24/17	End Date MTWTFSS F	Spots/Week 1	<u>Rate</u> \$400.00						
Spots: # Ch	Day Air	Date Air Time Descrip	tion	Start/End Time	Lengt	h Ad-ID			Rate	Туре
1 KT\	/D F 04	/28/17 7:26 AM KTVD 9	News 7a	M-F 7-8a	:3	O AHC172230	H		\$400.00	NM
2 04/28/17	04/28/17	KTVD 9News 8-9a	M-F 8-9a	F	:30	1	\$400.00	NM		
Weeks:	Start Date 04/24/17	End Date <u>MTWTFSS</u> F	Spots/Week 1	<u>Rate</u> \$400.00						
Spots: # Ch	<u>Day</u> Air	Date Air Time Descrip	<u>tion</u>	Start/End Time	Lengt	h Ad-ID			Rate	Type
1 KT\	/D F 04	/28/17 7:58 AM KTVD 9	News 8-9a	M-F 8-9a	:3	O AHC172230	H		\$400.00	NM
14 04/29/17	04/29/17	KTVD 9News Sat 6-7a	Sat 6-7a	S-	:30	2	\$325.00	NM		
Weeks:	Start Date 04/24/17	End Date <u>MTWTFSS</u> S-	Spots/Week 2	<u>Rate</u> \$325.00						
Spots: # Ch			<u>tion</u>	Start/End Time	Lengt	h Ad-ID			Rate	Type
1 KT\	/D Sa 04	/29/17 6:44 AM KTVD 9	News Sat 6-7a	Sat 6-7a	:3	O AHC172230	H		\$325.00	NM
2 KT\	/D Sa 04	/29/17 6:59 AM KTVD 9	News Sat 6-7a	Sat 6-7a	:3	O AHC172230	H		\$325.00	NM
15 04/30/17	04/30/17	KTVD 9News Sun 6-7a	Sun 6-7a	S	:30	1	\$275.00	NM		
Weeks:	Start Date 04/24/17	End Date 04/30/17	Spots/Week 1	<u>Rate</u> \$275.00						
Spots: # Ch	<u>Day</u> Air	Date Air Time Descrip	<u>tion</u>	Start/End Time	<u>Lengt</u>	h Ad-ID			Rate	Type
1 KT\	/D Su 04	/30/17 6:49 AM KTVD 9	News Sun 6-7a	Sun 6-7a	:3	O AHC172230	H		\$275.00	NM

Total Spots

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.



Invoice #	Invoice Date	Invoice Month	Invoice Period		
1412964-1	04/30/17	April 2017	03/27/17 - 04/30/17		

Advertiser	Product	Estimate Number
Alliance for Healthcare Sec	ALLIANCE 4 HEALTHCAR	4881

Include Invoice # on Check - Payment Terms 30 Days

Gross Total

Agency Commission

\$1,725.00 \$258.75

Net Amount Due \$1,466.25

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