

AGREED UPON SCHEDULE

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Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
As Ordered	As Ordered	As Ordered	As Ordered	As Ordered	As Ordered

Attach proposed schedule with charges (if available):

AFTER AIRING OF BROADCASTS:

Attach invoices or Schedule Run Summary to this Form showing:

- (1) actual air time and charges for each spot;
- (2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- (3) the amount of rebates given (identify exact date, time, class of broadcast and dollar amount for each rebate), if any.

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