

PROGRAM BROADCAST AGREEMENT

New Client ___ New Order ___ **X** Renew ___ Change ___ Cancel ___

Advertiser/Legal Entity THE MARK HOKE SHOW	Agency/Sponsor / Order No.
Address 3637 IAN THOMAS ST. #202	Address
City/State/Zip LAS VEGAS, NEVADA 89129	City/State/Zip
Contact Name / Title MARK HOKE	Contact Name / Title
Contact Phone/Fax 702-773-1761	Contact Phone/Fax/Email
Contact Email / Cell Phone HOKESHOU@AOL.COM	VISA ___ MC ___ AX ___ Approval Code CID _____
	Name Acct# _____ Exp _____

Category: PAID PROGRAMMING

Show Name: THE MARK HOKE SHOW **Contract Start 12/27/21**

Please use military time (00:00 - 24:00)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
						8AM-9AM

Advertiser agrees to this number of 60-second avails per hour retained for the exclusive use of Station: ALL

Program Type	Political	Non-Bill	# Programs	Length (minutes)	Gross Rate (per)	Total Billing
WRESTLING/ENT.			52	60 MIN		


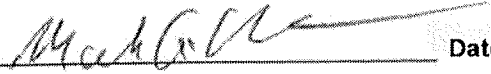
Program Delivered Via (check one):

LIVE STUDIO	LIVE REMOTE	POT/CODEC	SATELLITE	C D	WEB	FTP

MONTHLY PROGRAM PAYMENTS ARE DUE THE FIRST WEEK OF EVERY MONTH!

**Additional Information: 15X:15 show promos M-Su 6a-6a on 720 KDWN AM/101.5 FM.
15X :15 show promos on the Stream, M-Su 6a-7p**

ADVERTISER AND AGENCY ARE JOINTLY AND SEVERALLY LIABLE FOR PERFORMANCE UNDER THIS AGREEMENT *Conditions, covenants on the reverse side are part of this Agreement. Advertiser & Agency acknowledge receipt of large-type version of such conditions, covenants and agree to their terms. Permission for Station to broadcast in real-time the Internet audio streaming of the broadcast is acknowledged as part of this Agreement. This Agreement shall not become binding upon Station unless signed by its General Manager.*

Account Executive  Date 11-16-21 Advertiser  Date 11-17-21

General Manager _____ Date _____ Representative (or Agency) _____ Date _____

The Personal Guarantor whose signature appears below in order to induce Station to enter into and perform under the Broadcast Agreement, and in consideration therefor and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, personally guarantees, unconditionally, without waiver at all times, the payment when due of any and all indebtedness of advertiser/agency to Station and agrees, without reservation, to the terms of the guarantee expressed on the reverse side of this Agreement.

IN WITNESS WHEREOF, this Guaranty has been duly executed by the undersigned on the day and year first above written.

Personal Guarantor _____ _____
PRINTED NAME LEGAL SIGNATURE

I, _____, a Notary Public in and for the State of Nevada hereby certify that on this _____ day of _____, 20____, the above named Personal Guarantor, known to me or properly identified to me, personally executed the above GUARANTY in my presence.

Signed and Sealed _____ **Notary Public** My Commission Expires _____