ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

| I, Michael De Dios | , hereby request station tim | le as follows: See Order for proposed | | |
|---|---|---|--|--|
| schedule and charges. See | Invoice for actual schedule and cl | harges. | | |
| Check one: | | | | |
| (1) a legally qualified cand issue of public importance | ssage relating to any political matter of r didate for federal office; (2) an election to (e.g., health care legislation, IRS tax code discussion at the national level. | o federal office; (3) a national legislative | | |
| Ad does NOT communic only to a state or local iss | | natter of national importance (e.g., relates | | |
| ALL (| QUESTIONS/BLOCKS MUST B | E COMPLETED | | |
| Station time requested by: | | | | |
| Agency name: Greenstripe Media Inc | ; | | | |
| Address: 424 Old Newport Blvd. New | port Beach, CA 92663 | | | |
| Contact: Michael De Dios | Phone number: 949-650-5081 | Email: mike@greenstripemedia.com | | |
| Name of advertiser/sponsor (list en committees] with no acronyms; na | ntity's full legal name as disclosed to the me must match the sponsorship ID in a | ne Federal Election Commission [for federal ad): | | |
| Name: Union of American Physicians | and Dentists | | | |
| Address: 520 Capital Mall. Suite 220 | Sacramento, CA 95814 | | | |
| Contact: | Phone number: 916-442-6977 | Email: uapd@uapd.com | | |
| Station is authorized to announce | the time as paid for by such person o | r entity. | | |
| group(s) of the advertiser/sponsor President: Stuart Bussey M.D., J.D. Exec Director: R. Douglas Chiappetta, By signing below, advertiser/sponsor | (Use separate page if necessary.): M.A. | mittee or board of directors or other governing the only executive officers, members of the | | |
| f ad refers to a federal candidate(| s) or federal election, list ALL of the fo | ollowing: √ N/A | | |
| Name(s) of every candidate referre | ed to: | | | |
| Office(s) sought by such candidate | e(s) (no acronyms or abbreviations): | | | |
| Date of election: | | | | |
| Clearly identify EVERY political manadade (no acronyms); use separate pa | atter of national importance referred tage if necessary: | to in the V/A | | |

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

The advertiser/sponsor agrees to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, which may arise from the broadcast of the above-requested advertisement(s). For the above-requested ad(s), the advertiser/sponsor also agrees to prepare a script, transcript or tape, which will be delivered to the station by the log deadlines outlined in the station's disclosure statement.

| Advertiser/Sponsor | | Station Representative | | | | |
|--|-----------------------|---------------------------|----------|---|--------------|--|
| Signature: M//// | | Signature: Michelle Frank | | | | |
| Name: Michael De Dios | | Name: Michelle Frank | | | | |
| Date of Request to Purchase Ad Time: 8/4/23 | | Date of Sta | tion Agr | eement to Sell Time: | 8/4/23 | |
| TO BE COMPLETED BY STATION ONLY | | | | | | |
| Ad submitted to station? X Yes No Date ad received: 8/4/23 Note: Must have separate PB-19 forms (or the equivalent, e.g., addendums) for each version of the ad (i.e., for every ad with differing copy). | | | | | | |
| If only one officer, executive committee member or director is listed above, station should ask the advertiser/sponsor in writing if there are any other officers, executive committee members or directors, maintain records of inquiry and update this form if additional officers, members or directors are provided. | | | | | | |
| Disposition: X | | | | | | |
| Date and nature of follow-ups, if any: | | | | | | |
| Contract #: 1709992180 | Station Call Letters: | KBEB-FM | | Date Received/Requested | : 08/04/2023 | |
| Est. #: | Station Location: S | ACRAMENTO | | Run Start and End Dates: 08/14/2023 - 08/20/2023 | } | |

For national issue ads only (not required for state/local issue ads).

Upload order, this disclosure form and invoice (or traffic system print-out) or other material reflecting this transaction to the OPIF or use this space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of time purchased (including date, time, class of time and reasons for any make-goods or rebates) or attach separately. If station will not upload the actual times spots aired until an invoice is generated, the name of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIF.