

## ADDENDUM

MayDay Health ISSUE ADVERTISER **Addendum** to Order 1903412014 Invoice  
2820890444

1x spot @ \$35 did not play because of a technical issue.

Total of 1x spot for \$35 Gross \$29.75 Net

A refund/credit has been issued for the missing spot:

<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">AL Media</td> <td style="width: 50%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">222 West Ontario St. STE 600</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Chicago, IL. 60654</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> <p>PHONE # <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span></p> <p>CUSTOMER/ACCOUNT # <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span></p> <p>INCORPORATED      <input type="checkbox"/>      YES      <input type="checkbox"/>      NO</p> <p>TAX ID# : <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span></p> <p>SOCIAL SECURITY NUMBER: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> <input type="checkbox"/></p>	AL Media		222 West Ontario St. STE 600		Chicago, IL. 60654				<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">INVOICE DATE:</td> <td style="width: 50%; border-bottom: 1px solid black;">2/5/2024</td> </tr> <tr> <td>INVOICE #:</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>TOTAL AMOUNT:</td> <td style="border-bottom: 1px solid black;">\$29.75</td> </tr> <tr> <td>AMOUNT BUDGETED:</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>MONTH BUDGETED:</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">MAIL CHECK DIRECT</td> <td style="width: 50%; border-bottom: 1px solid black;">x</td> </tr> <tr> <td>RETURN CHECK TO STATION</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>PRIORITY INVOICE</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>PETTY CASH DISBURSEMENT</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	INVOICE DATE:	2/5/2024	INVOICE #:		TOTAL AMOUNT:	\$29.75	AMOUNT BUDGETED:		MONTH BUDGETED:		MAIL CHECK DIRECT	x	RETURN CHECK TO STATION		PRIORITY INVOICE		PETTY CASH DISBURSEMENT	
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REASON FOR REQUEST: Refund- Est.6592 MAYDAY MEDICINES