

KFLN

P.O. Box 790
Baker, Montana 59313

| | |
|---------------------------------|----------------------|
| SALESPERSON <u>Andrea</u> | DATE <u>10-20-20</u> |
| ACCOUNT NAME <u>Kevin Braun</u> | |
| ADDRESS _____ | |
| CITY <u>Baker</u> | |
| START DATE <u>10-21-20</u> | |
| END DATE <u>10-25-20</u> | |

\$ _____ PER PROGRAM
 \$ 7.00 PER ANNOUNCEMENT
 TOTAL NUMBER OF ANNOUNCEMENTS 25
 TOTAL BILLING 175.00
 AFFADAVIT REQUIRED: YES X NO _____
 BILLING MONTH Oct 2020

LENGTH OF PROGRAM _____
 LENGTH OF ANNOUNCEMENT 30
 TIME: DRIVE _____ DAY X NIGHT _____ OTHER _____
 PRODUCT Fallon Co. Commissioners
 CO-OP COPY REQUIRED: YES X NO _____

| | | | | | | |
|----------------|----------------|----------------|----------------|----|----|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 <u>5</u> |
| 22 <u>5</u> | 23 <u>5</u> | 24 <u>5</u> | 25 <u>5</u> | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |

 AUTHORIZED SIGNATURE

ADDITIONAL INSTRUCTIONS: