

KFLN

**P.O. Box 790
Baker, Montana 59313**

| | |
|---------------------------------|----------------------|
| SALESPERSON <u>ANDREA</u> | DATE <u>10/13/20</u> |
| ACCOUNT NAME <u>KEVIN BRAUN</u> | |
| ADDRESS _____ | |
| CITY <u>BAKER</u> | |
| START DATE <u>10/13/20</u> | |
| END DATE <u>10/16/20</u> | |

\$ _____ PER PROGRAM LENGTH OF PROGRAM _____
 \$ 7.00 PER ANNOUNCEMENT LENGTH OF ANNOUNCEMENT :30
 TOTAL NUMBER OF ANNOUNCEMENTS 20 TIME: DRIVE _____ DAY X NIGHT _____ OTHER _____
 TOTAL BILLING 140.00 PRODUCT FALLON COUNTY COMMISSIONER DISCTRICT 1
 AFFADAVIT REQUIRED: YES X NO _____ CO-OP COPY REQUIRED: YES X NO _____
 BILLING MONTH OCT. 2020

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

AUTHORIZED SIGNATURE

ADDITIONAL INSTRUCTIONS: