

UNITED STATES BANKRUPTCY COURT Northern District of Texas (Dallas Division)

PROOF OF CLAIM

Name of Debtor: Erickson Retirement Communities

Case Number: 09-37610-SG-311

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent: WUSA-TV, GANNETT DEPOSIT, PO BOX 33010, ST PETERSBURG, FL 33733-8010

FILED JAN 07 2010 TAWANA C. MARSHALL, CLERK U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS

Court Claim Number: (If known)

Filed on:

Name and address where payment should be sent (if different from above): WUSA-TV

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number: 866-858-5322

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 4,285.00
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.
If all or part of your claim is entitled to priority, complete item 5.
Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
Specify the priority of the claim.

2. Basis for Claim: Commercial Claim (See instruction #2 on reverse side.)

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor:
3a. Debtor may have scheduled account as:

Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).

4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.
Nature of property or right of setoff: Real Estate Motor Vehicle Other
Describe:
Value of Property: Annual Interest Rate %
Amount of arrearage and other charges as of time case filed included in secured claim:
if any: \$ Basis for perfection:

RECEIVED JAN 12 2010 BMC GROUP

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).

Amount of Secured Claim: \$ Amount Unsecured: \$

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain:

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().

Amount entitled to priority: \$

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date: 1/5/10 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.
Quetta M. Pappas, Renee M. Pappas Credit + Collections

FOR COURT USE ONLY
Erickson Ret. Comm. LLC
00418

Aging Manager

Agency: PHD New York, NY

Advertiser: Erickson Retirement Communities

Agency	Advertiser	Product	Start Date	End Date	Day of Week	Spots	Rate	Commission	Net Cost	Order Total
WUSA	Rose Iannaco		369611-2-05/31/09		Y		\$7,395.00		\$7,395.00	\$7,395.00
WUSA	Rose Iannaco		369611-3-06/28/09		Y		\$6,375.00		\$6,375.00	\$6,375.00
WUSA	Hasan Rahim		367753-3-06/28/09		Y		\$2,975.00		\$2,975.00	\$2,975.00
WUSA	Rose Iannaco		396600-1-07/26/09		Y		\$10,710.00		\$10,710.00	\$10,710.00
WUSA	Rose Iannaco		396600-2-08/30/09		Y		\$8,670.00		\$8,670.00	\$8,670.00
WUSA	Rose Iannaco		396600-3-09/27/09		Y		\$8,160.00		\$8,160.00	\$8,160.00
							\$21,285.00	\$0.00	\$21,285.00	\$21,285.00
							\$27,455.00	\$0.00	\$27,455.00	\$27,455.00
							\$27,455.00	\$0.00	\$27,455.00	\$27,455.00

[Sorted by: Advertiser]

INVOICE



WUSA
 4100 Wisconsin Ave, NW
 Washington, DC 20016
 Main: (202)895-5999
 Billing: (202)895-5888

www.wusa9.com

Billing Address:

**Erickson Retirement Communities C/O
 PHD
 Attention: Accounts Payable
 840 W Long Lake Rd. 6th Floor
 Troy, MI 48098**

Send Payment To:

**WUSA
 Gannett Deposit
 PO Box 33010
 St. Petersburg, FL 33733-8010**

Invoice #	Invoice Date	Invoice Month	Invoice Period
396600-3	09/27/09	September 2009	08/31/09 - 09/25/09

Station	Account Executive	Sales Office	Sales Region
WUSA	Rose Iannaco	Telerep New York	National

Advertiser	Product	Estimate Number
Erickson Retirement Comm	039 ERICKSON	39

Flight Dates	Order #	Alt. Order #
07/06/09 - 09/25/09	396600	04955631

Billing Calendar	Billing Type
Broadcast	Cash

Special Handling

IDB #	Advertiser Code	Product Code
646	ERK	ERK

Agency Ref	Advertiser Ref

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/ Week	Rate	Type																																																																																																																																																																																					
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Any claims of errors or discrepancies in invoices must be notified to station within 15 days of receiving such invoice. Otherwise, all claims are deemed waived and invoice will be considered correct and agency and/or advertiser will be held responsible for payment. Any claim related to rates incorrectly paid must be submitted in writing to station within sixty (60) days of the invoice date or the claim will be waived. This invoice renders void any statement concerning liability which appears on correspondence from agency or advertiser. It is further agreed that the station does not accept advertising orders or space reservations claiming sequential liability. Notwithstanding to whom bills are rendered, Advertiser, Agency, Service, jointly and severally shall remain obligated to pay to station the amount of any bills rendered by station within the time specified, and until payment in full is received by station. Payment by Advertiser to Agency or to Service, shall not constitute payment to this station. We warrant that the actual broadcast information shown on this invoice was taken from the program log.

INVOICE



Send Payment To:
WUSA
Gannett Deposit
PO Box 33010
St. Petersburg, FL 33733-8010

Invoice #	Invoice Date	Invoice Month	Invoice Period
396600-3	09/27/09	September 2009	08/31/09 - 09/25/09

Advertiser	Product	Estimate Number
Erickson Retirement Comm	039 ERICKSON	39

www.wusa9.com

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<u>Total Spots</u>	24	<u>Gross Total</u>	\$9,600.00
		<u>Agency Commission</u>	\$1,440.00
		<u>Net Amount Due</u>	\$8,160.00

Include Invoice # on Check - Payment Terms 30 Days

Any claims of errors or discrepancies in invoices must be notified to station within 15 days of receiving such invoice. Otherwise, all claims are deemed waived and invoice will be considered correct and agency and/or advertiser will be held responsible for payment. Any claim related to rates incorrectly paid must be submitted in writing to station within sixty (60) days of the invoice date or the claim will be waived. This invoice renders void any statement concerning liability which appears on correspondence from agency or advertiser. It is further agreed that the station does not accept advertising orders or space reservations claiming sequential liability. Notwithstanding to whom bills are rendered, Advertiser, Agency, Service, jointly and severally shall remain obligated to pay to station the amount of any bills rendered by station within the time specified, and until payment in full is received by station. Payment by Advertiser to Agency or to Service, shall not constitute payment to this station. We warrant that the actual broadcast information shown on this invoice was taken from the program log. We warrant spots are posted within two minutes of actual airtime. This station is an Equal Opportunity Employer.

INVOICE



WUSA
 4100 Wisconsin Ave, NW
 Washington, DC 20016
 Main: (202)895-5999
 Billing: (202)895-5888

www.wusa9.com

Billing Address:

Erickson Retirement Communities C/O
 PHD
 Attention: Accounts Payable
 840 W Long Lake Rd. 6th Floor
 Troy, MI 48098

Send Payment To:

WUSA
 Gannett Deposit
 PO Box 33010
 St. Petersburg, FL 33733-8010

Invoice #	Invoice Date	Invoice Month	Invoice Period
396600-2	08/30/09	August 2009	07/27/09 - 08/30/09

Station	Account Executive	Sales Office	Sales Region
WUSA	Rose Iannaco	Telerep New Yo	National

Advertiser	Product	Estimate Number
Erickson Retirement Comm	039 ERICKSON	39

Flight Dates	Order #	Alt. Order #
07/06/09 - 09/25/09	396600	04955631

Billing Calendar	Billing Type
Broadcast	Cash

Special Handling

IDB #	Advertiser Code	Product Code
646	ERK	ERK

Agency Ref	Advertiser Ref

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Any claims of errors or discrepancies in invoices must be notified to station within 15 days of receiving such invoice. Otherwise, all claims are deemed waived and invoice will be considered correct and agency and/or advertiser will be held responsible for payment. Any claim related to rates incorrectly paid must be submitted in writing to station within sixty (60) days of the invoice date or the claim will be waived. This invoice renders void any statement concerning liability which appears on correspondence from agency or advertiser. It is further agreed that the station does not accept advertising orders or space reservations claiming sequential liability. Notwithstanding to whom bills are rendered, Advertiser, Agency, Service, jointly and severally shall remain obligated to pay to station the amount of any bills rendered by station within the time specified, and until payment in full is received by station. Payment by Advertiser to Agency or to Service, shall not constitute payment to this station. We warrant that the actual broadcast information shown on this invoice was taken from the program log. We warrant spots are posted within two minutes of actual airtime. This station is an Equal Opportunity Employer.

INVOICE

Send Payment To:



WUSA
Gannett Deposit
PO Box 33010
St. Petersburg, FL 33733-8010

Invoice #	Invoice Date	Invoice Month	Invoice Period
396600-2	08/30/09	August 2009	07/27/09 - 08/30/09

Advertiser	Product	Estimate Number
Erickson Retirement Comm	039 ERICKSON	39

www.wusa9.com

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/Week	Rate	Type																																																																		
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<u>Total Spots</u>	24	<u>Gross Total</u>	\$10,200.00
		<u>Agency Commission</u>	\$1,530.00
		<u>Net Amount Due</u>	\$8,670.00

Include Invoice # on Check - Payment Terms 30 Days

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INVOICE



WUSA
 4100 Wisconsin Ave, NW
 Washington, DC 20016
 Main: (202)895-5999
 Billing: (202)895-5888

www.wusa9.com

Billing Address:

Erickson Retirement Communities C/O
 PHD
 Attention: Accounts Payable
 840 W Long Lake Rd. 6th Floor
 Troy, MI 48098

Send Payment To:

WUSA
 Gannett Deposit
 PO Box 33010
 St. Petersburg, FL 33733-8010

Invoice #	Invoice Date	Invoice Month	Invoice Period
396600-1	07/26/09	July 2009	06/29/09 - 07/26/09

Station	Account Executive	Sales Office	Sales Region
WUSA	Rose Iannaco	Telerep New Yo	National

Advertiser	Product	Estimate Number
Erickson Retirement Comm	039 ERICKSON	39

Flight Dates	Order #	Alt. Order #
07/06/09 - 09/25/09	396600	04955631

Billing Calendar	Billing Type
Broadcast	Cash

Special Handling

IDB #	Advertiser Code	Product Code
646	ERK	ERK

Agency Ref	Advertiser Ref

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/ Week	Rate	Type																																																																											
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INVOICE

Send Payment To:



WUSA
Gannett Deposit
PO Box 33010
St. Petersburg, FL 33733-8010

Invoice # 396600-1	Invoice Date 07/26/09	Invoice Month July 2009	Invoice Period 06/29/09 - 07/26/09
Advertiser Erickson Retirement Comm	Product 039 ERICKSON	Estimate Number 39	

www.wusa9.com

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/ Week	Rate	Type																																																																											
1	07/10/09	07/10/09	4:11 PM Early Fringe	4-5p	4-5p	1:00	1	WAS0906	\$350.00 NM																																																																											
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Total Spots	30	Gross Total	\$12,600.00
		Agency Commission	\$1,890.00
		Net Amount Due	\$10,710.00

Include Invoice # on Check - Payment Terms 30 Days

Any claims of errors or discrepancies in invoices must be notified to station within 15 days of receiving such invoice. Otherwise, all claims are deemed waived and invoice will be considered correct and agency and/or advertiser will be held responsible for payment. Any claim related to rates incorrectly paid must be submitted in writing to station within sixty (60) days of the invoice date or the claim will be waived. This invoice renders void any statement concerning liability which appears on correspondence from agency or advertiser. It is further agreed that the station does not accept advertising orders or space reservations claiming sequential liability. Notwithstanding to whom bills are rendered, Advertiser, Agency, Service, jointly and severally shall remain obligated to pay to station the amount of any bills rendered by station within the time specified, and until payment in full is received by station. Payment by Advertiser to Agency or to Service, shall not constitute payment to this station. We warrant that the actual broadcast information shown on this invoice was taken from the program log. We warrant spots are posted within two minutes of actual airtime. This station is an Equal Opportunity Employer.

INVOICE

WUSA
4100 Wisconsin Ave, NW
Washington, DC 20016
Main: (202)895-5999
Billing: (202)895-5888

www.wusa9.com

Billing Address:

Erickson Retirement Communities C/O
PHD
Attention: Accounts Payable
840 W Long Lake Rd. 6th Floor
Troy, MI 48098

Send Payment To:

WUSA
Gannett Deposit
PO Box 33010
St. Petersburg, FL 33733-8010

Invoice #	Invoice Date	Invoice Month	Invoice Period
369611-3	06/28/09	June 2009	06/01/09 - 06/26/09

Station	Account Executive	Sales Office	Sales Region
WUSA	Rose Iannaco	Telerep New Yo	National

Advertiser	Product	Estimate Number
Erickson Retirement Comm	029 ERICKSON	029

Flight Dates	Order #	Alt. Order #
04/13/09 - 06/26/09	369611	04820099

Billing Calendar	Billing Type
Broadcast	Cash

Special Handling

IDB #	Advertiser Code	Product Code
646	ERK	ERK

Agency Ref	Advertiser Ref

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/Week	Rate	Type																																																																																																																																													
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3	WUSAM		06/01/09	9:55 AM	Daytime	9a-1230p	1:00	DC0906	\$300.00	NM																																																																																																																																												
10	WUSAM		06/01/09	10:16 AM	Daytime	9a-1230p	1:00	DC0906	\$300.00	NM																																																																																																																																												
2	WUSAM		06/01/09	10:52 AM	Daytime	9a-1230p	1:00	APL0811	\$300.00	NM																																																																																																																																												
4	WUSATu		06/02/09	9:15 AM	Daytime	9a-1230p	1:00	DC0906	\$300.00	NM																																																																																																																																												
5	WUSATu		06/02/09	9:54 AM	Daytime	9a-1230p	1:00	DC0906	\$300.00	NM																																																																																																																																												
1	WUSATu		06/02/09	10:25 AM	Daytime	9a-1230p	1:00	DC0906	\$300.00	NM																																																																																																																																												
7	WUSAF		06/05/09	9:14 AM	Daytime	9a-1230p	1:00	APL0811	\$300.00	NM																																																																																																																																												
8	WUSAF		06/05/09	9:58 AM	Daytime	9a-1230p	1:00	DC0906	\$300.00	NM																																																																																																																																												
9	WUSAF		06/05/09	10:43 AM	Daytime	9a-1230p	1:00	DC0906	\$300.00	NM																																																																																																																																												
6	WUSAF		06/05/09	12:23 PM	Daytime	9a-1230p	1:00	DC0906	\$300.00	NM																																																																																																																																												
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INVOICE

Send Payment To:



WUSA
Gannett Deposit
PO Box 33010
St. Petersburg, FL 33733-8010

Invoice #	Invoice Date	Invoice Month	Invoice Period
369611-3	06/28/09	June 2009	06/01/09 - 06/26/09

Advertiser	Product	Estimate Number
Erickson Retirement Comm	029 ERICKSON	029

www.wusa9.com

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/Week	Rate	Type																																																																											
15	06/22/09	06/26/09	Daytime	11a-1230p	MTW-F--	1:00	4	\$300.00	NM																																																																											
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<u>Total Spots</u>	25	<u>Gross Total</u>	\$7,500.00
		<u>Agency Commission</u>	\$1,125.00
		<u>Net Amount Due</u>	\$6,375.00

Include Invoice # on Check - Payment Terms 30 Days

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INVOICE

WUSA
4100 Wisconsin Ave, NW
Washington, DC 20016
Main: (202)895-5999
Billing: (202)895-5888

www.wusa9.com

Billing Address:

Erickson Retirement Communities C/O
PHD
Attention: Accounts Payable
840 W Long Lake Rd. 6th Floor
Troy, MI 48098

Send Payment To:

WUSA
Gannett Deposit
PO Box 33010
St. Petersburg, FL 33733-8010

Invoice #	Invoice Date	Invoice Month	Invoice Period
367753-3	06/28/09	June 2009	06/01/09 - 06/25/09

Station	Account Executive	Sales Office	Sales Region
WUSA	Hasan Rahim	Telerep New Yo	National

Advertiser	Product	Estimate Number
Erickson Retirement Comm	GENERAL	209

Flight Dates	Order #	Alt. Order #
03/30/09 - 06/25/09	367753	04815254

Billing Calendar	Billing Type
Broadcast	Cash

Special Handling

IDB #	Advertiser Code	Product Code
646	ERK	GEN

Agency Ref	Advertiser Ref

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Any claims of errors or discrepancies in invoices must be notified to station within 15 days of receiving such invoice. Otherwise, all claims are deemed waived and invoice will be considered correct and agency and/or advertiser will be held responsible for payment. Any claim related to rates incorrectly paid must be submitted in writing to station within sixty (60) days of the invoice date or the claim will be waived. This invoice renders void any statement concerning liability which appears on correspondence from agency or advertiser. It is further agreed that the station does not accept advertising orders or space reservations claiming sequential liability. Notwithstanding to whom bills are rendered, Advertiser, Agency, Service, jointly and severally shall remain obligated to pay to station the amount of any bills rendered by station within the time specified, and until payment in full is received by station. Payment by Advertiser to Agency or to Service, shall not constitute payment to this station. We warrant that the actual broadcast information shown on this invoice was taken from the program log. We warrant spots are posted within two minutes of actual airtime. This station is an Equal Opportunity Employer.

INVOICE

Send Payment To:



WUSA
Gannett Deposit
PO Box 33010
St. Petersburg, FL 33733-8010

<u>Invoice #</u> 367753-3	<u>Invoice Date</u> 06/28/09	<u>Invoice Month</u> June 2009	<u>Invoice Period</u> 06/01/09 - 06/25/09
<u>Advertiser</u> Erickson Retirement Comm		<u>Product</u> GENERAL	<u>Estimate Number</u> 209

www.wusa9.com

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/ Week	Rate	Type
<u>Spots: #</u>	<u>Ch</u>	<u>Day</u>	<u>Air Date</u>	<u>Air Time</u>	<u>Description</u>	<u>Start/End Time</u>	<u>Length</u>	<u>Ad-ID</u>	<u>Rate</u> <u>Type</u>
3	WUSA	Th	06/18/09	5:22 PM	9 News @ 5PM	5-530p	1:00	WAS0903	\$500.00 NM
4	WUSA	F	06/19/09		9 News @ 5PM	5-530p	:00		\$500.00 NM
			See MG 17.5						
5	WUSA	Th	06/25/09	5:24 PM	9 News @ 5PM	5-530p	1:00	WAS0906	\$500.00 NM
			MG for 17.4 06/19						

<u>Total Spots</u>	7	<u>Gross Total</u>	\$3,500.00
		<u>Agency Commission</u>	\$525.00
		<u>Net Amount Due</u>	\$2,975.00

Include Invoice # on Check - Payment Terms 30 Days

Any claims of errors or discrepancies in invoices must be notified to station within 15 days of receiving such invoice. Otherwise, all claims are deemed waived and invoice will be considered correct and agency and/or advertiser will be held responsible for payment. Any claim related to rates incorrectly paid must be submitted in writing to station within sixty (60) days of the invoice date or the claim will be waived. This invoice renders void any statement concerning liability which appears on correspondence from agency or advertiser. It is further agreed that the station does not accept advertising orders or space reservations claiming sequential liability. Notwithstanding to whom bills are rendered, Advertiser, Agency, Service, jointly and severally shall remain obligated to pay to station the amount of any bills rendered by station within the time specified, and until payment in full is received by station. Payment by Advertiser to Agency or to Service, shall not constitute payment to this station. We warrant that the actual broadcast information shown on this invoice was taken from the program log. We warrant spots are noted within two minutes of actual airtime. This station is an Equal Opportunity Employer.

INVOICE



WUSA
 4100 Wisconsin Ave, NW
 Washington, DC 20016
 Main: (202)895-5999
 Billing: (202)895-5888

www.wusa9.com

Billing Address:

Erickson Retirement Communities C/O
PHD
Attention: Accounts Payable
840 W Long Lake Rd. 6th Floor
Troy, MI 48098

Send Payment To:

WUSA
Gannett Deposit
PO Box 33010
St. Petersburg, FL 33733-8010

Invoice #	Invoice Date	Invoice Month	Invoice Period
369611-2	05/31/09	May 2009	04/27/09 - 05/31/09

Station	Account Executive	Sales Office	Sales Region
WUSA	Rose Iannaco	Telerep New Yo	National

Advertiser	Product	Estimate Number
Erickson Retirement Comm	029 ERICKSON	029

Flight Dates	Order #	Alt. Order #
04/13/09 - 06/26/09	369611	04820099

Billing Calendar	Billing Type
Broadcast	Cash

Special Handling

IDB #	Advertiser Code	Product Code
646	ERK	ERK

Agency Ref	Advertiser Ref

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Any claims of errors or discrepancies in invoices must be notified to station within 15 days of receiving such invoice. Otherwise, all claims are deemed waived and invoice will be considered correct and agency and/or advertiser will be held responsible for payment. Any claim related to rates incorrectly paid must be submitted in writing to station within sixty (60) days of the invoice date or the claim will be waived. This invoice renders void any statement concerning liability which appears on correspondence from agency or advertiser. It is further agreed that the station does not accept advertising orders or space reservations claiming sequential liability. Notwithstanding to whom bills are rendered, Advertiser, Agency, Service, jointly and severally shall remain obligated to pay to station the amount of any bills rendered by station within the time specified, and until payment in full is received by station. Payment by Advertiser to Agency or to Service, shall not constitute payment to this station. We warrant that the actual broadcast information shown on this invoice was taken from the program log. We warrant spots are posted within two minutes of actual airtime. This station is an Equal Opportunity Employer.

INVOICE



Send Payment To:
WUSA
Gannett Deposit
PO Box 33010
St. Petersburg, FL 33733-8010

Invoice # 369611-2	Invoice Date 05/31/09	Invoice Month May 2009	Invoice Period 04/27/09 - 05/31/09
Advertiser Erickson Retirement Comm		Product 029 ERICKSON	Estimate Number 029

www.wusa9.com

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/ Week	Rate	Type	
Spots: #	Ch	Day	Air Date	Air Time	Description	Start/End Time	Length	Ad-ID	Rate	Type
1	WUSA	M	05/11/09	9:47 AM	Daytime	9a-1230p	1:00	DC0901	\$300.00	NM
9	WUSA	M	05/11/09	10:43 AM	Daytime	9a-1230p	1:00	DC0901	\$300.00	NM
10	WUSA	Tu	05/12/09	9:54 AM	Daytime	9a-1230p	1:00	DC0901	\$300.00	NM
4	WUSA	Tu	05/12/09	10:28 AM	Daytime	9a-1230p	1:00	APL0811	\$300.00	NM
6	WUSA	Th	05/14/09	9:58 AM	Daytime	9a-1230p	1:00	DC0901	\$300.00	NM
5	WUSA	Th	05/14/09	10:42 AM	Daytime	9a-1230p	1:00	DC0901	\$300.00	NM
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7	WUSA	F	05/15/09	10:29 AM	Daytime	9a-1230p	1:00	DC0901	\$300.00	NM

Total Spots	29	Gross Total	\$8,700.00
		Agency Commission	\$1,305.00
		Net Amount Due	\$7,395.00

Include Invoice # on Check - Payment Terms 30 Days

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