

B 10 (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT Northern District of Illinois		PROOF OF CLAIM
Name of Debtor: Morgan Administration, Inc., et al.		Case Number: 18-30039
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		<div style="font-size: 24pt; font-weight: bold; margin: 0;">FILED</div> <div style="font-size: 12pt; margin: 0;">UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS</div> <div style="font-size: 18pt; font-weight: bold; margin: 5px 0;">JAN 14 2019</div> <div style="font-size: 14pt; font-weight: bold; margin: 0;">JEFFREY P. ALLSTEADT, CLERK TEAM - CA</div>
Name of Creditor (the person or other entity to whom the debtor owes money or property): Fox Sports Wisconsin		COURT USE ONLY
Name and address where notices should be sent: Fox Sports Wisconsin c/o Fox Sports Net, LLC 2121 Avenue of the Stars #1289A Los Angeles, CA 90067 Telephone number: (310) 369-0462 email: stephanie.serpa@fox.com		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ <u>24,500.00</u>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Advertisements on video programming networks</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).
<input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
		Amount entitled to priority: \$ _____
*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

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7. Documents: Attached are **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. If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

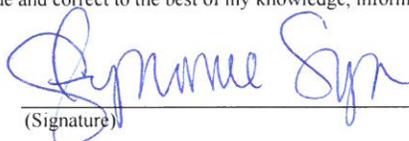
8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, I am a guarantor, surety, indorser, or other codebtor.
 (Attach copy of power of attorney, if any.) or their authorized agent. (See Bankruptcy Rule 3005.)
 (See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Stephanie Serpa
 Title: Manager
 Company: Fox Cable Network Services
 Address and telephone number (if different from notice address above):


 (Signature)

1/11/19
 (Date)

Telephone number: _____ email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
 Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:
 Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:
 State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
 State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
 State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:
 Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
 Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).
 If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:
 An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:
 Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:
 The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

INVOICE



Fox Sports Wisconsin
 400 North Executive Drive
 Suite 200
 Brookfield, WI 53005
 Main: (612) 486-9500
 Billing: (612) 486-9529

Invoice #	Invoice Date	Invoice Month	Invoice Period
WI18090183	09/30/18	September 2018	08/27/18 - 09/30/18

Property	Account Executive	Sales Office	Sales Region
FSNWI	Luis Olmos	Local-Wisconsin	Local

Advertiser	Product	Estimate Number
HOBO (Homeowners Bargain Outlet)	Brewers 2018	

Billing Address:

HOBO (Homeowners Bargain Outlet)
 Attention: Accounts Payable
 800 S 108th St
 West Allis, WI 53214

Send Payment To:

Fox Sports Wisconsin
 3991 Collection Center Drive
 Chicago, IL 60693

Flight Dates	Order #	Alt Order #
06/01/18 - 09/30/18	188121	

Billing Calendar	Billing Type	Deal #
Broadcast	Cash	

Special Handling

Agency Code	Advertiser Code	Product 1/2

Agency Ref	Advertiser Ref

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/ Week	Rate	Type																																																																																																																																																																																																																																																																																																																																																				
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45	FSNWI	Su	09/02/18	3:34 PM	BREWERS INGAME	VARIOUS	:15	HOBOKITLB15	\$700.00	NM																																																																																																																																																																																																																																																																																																																																																			
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We warrant that the actual broadcast information shown on this invoice was taken from the program log.

Agency is acting as an agent on behalf of its advertiser client, a disclosed principal, either named on this form or otherwise identified to media company. Agency will only be liable for the cost of the advertising purchased and other obligations to media company to the extent Agency has been paid by the advertiser for any such amount payable to the media company. For amounts not paid to Agency, media company will look solely to advertiser for payment. Advertiser remains liable to media company to the extent media company has not collected from Agency any amounts owed to media company on behalf of advertiser. Any modifications to this provision are of no force or effect. The above information supersedes all previous agreements.

INVOICE

Send Payment To:

Fox Sports Wisconsin
 3991 Collection Center Drive
 Chicago, IL 60693



Invoice #	Invoice Date	Invoice Month	Invoice Period
WI18090183	09/30/18	September 2018	08/27/18 - 09/30/18

Advertiser	Product	Estimate Number
HOBO (Homeowners Bargain)	Brewers 2018	

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/Week	Rate	Type																																																																																								
2	06/01/18	09/30/18	ROS 9A-11P	ROS 9A-11P	MTWTFSS	:15	3	\$0.00	NM																																																																																								
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We warrant that the actual broadcast information shown on this invoice was taken from the program log.

Agency is acting as an agent on behalf of its advertiser client, a disclosed principal, either named on this form or otherwise identified to media company. Agency will only be liable for the cost of the advertising purchased and other obligations to media company to the extent Agency has been paid by the advertiser for any such amount payable to the media company. For amounts not paid to Agency, media company will look solely to advertiser for payment. Advertiser remains liable to media company to the extent media company has not collected from Agency any amounts owed to media company on behalf of advertiser. Any modifications to this provision are of no force or effect. The above information supersedes all previous agreements.

INVOICE

Send Payment To:

Fox Sports Wisconsin
 3991 Collection Center Drive
 Chicago, IL 60693



Invoice #	Invoice Date	Invoice Month	Invoice Period
WI18090183	09/30/18	September 2018	08/27/18 - 09/30/18

Advertiser	Product	Estimate Number
HOBO (Homeowners Bargain)	Brewers 2018	

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Date	End Date	MTWTFSS	Spots/Week	Rate		08/27/18	09/02/18	-11-111	5	\$0.00	Spots: #	Ch	Day	Air Date	Air Time	Description	Start/End Time	Length	Ad-ID	Rate	Type	41	FSNWI	Tu	08/28/18	9:50 PM	WHATS HAPPENING AT HOME	VARIOUS	:06	WHATS HAPPENING	\$0.00	TI	42	FSNWI	W	08/29/18	11:08 PM	WHATS HAPPENING AT HOME	VARIOUS	:05	WHATS HAPPENING	\$0.00	TI	43	FSNWI	F	08/31/18	9:28 PM	WHATS HAPPENING AT HOME	VARIOUS	:06	WHATS HAPPENING	\$0.00	TI	44	FSNWI	Sa	09/01/18	11:59 PM	WHATS HAPPENING AT HOME	VARIOUS	:06	WHATS HAPPENING	\$0.00	TI	45	FSNWI	Su	09/02/18	4:11 PM	WHATS HAPPENING AT HOME	VARIOUS	:06	WHATS HAPPENING	\$0.00	TI	Weeks:	Start Date	End Date	MTWTFSS	Spots/Week	Rate		09/10/18	09/16/18	111----	3	\$0.00	Spots: #	Ch	Day	Air Date	Air Time	Description	Start/End Time	Length	Ad-ID	Rate	Type	46	FSNWI	M	09/10/18	10:56 PM	WHATS HAPPENING AT HOME	VARIOUS	:06	WHATS HAPPENING	\$0.00	TI	47	FSNWI	Tu	09/11/18	10:08 PM	WHATS HAPPENING AT HOME	VARIOUS	:06	WHATS HAPPENING	\$0.00	TI	48	FSNWI	W	09/12/18	10:39 PM	WHATS HAPPENING AT HOME	VARIOUS	:06	WHATS HAPPENING	\$0.00	TI	Weeks:	Start Date	End Date	MTWTFSS	Spots/Week	Rate		09/17/18	09/23/18	----111	3	\$0.00	Spots: #	Ch	Day	Air Date	Air Time	Description	Start/End Time	Length	Ad-ID	Rate	Type	49	FSNWI	F	09/21/18	11:37 PM	WHATS HAPPENING AT HOME	VARIOUS	:06	WHATS HAPPENING	\$0.00	TI	50	FSNWI	Sa	09/22/18	9:30 PM	WHATS HAPPENING AT HOME	VARIOUS	:06	WHATS HAPPENING	\$0.00	TI	51	FSNWI	Su	09/23/18	4:10 PM	WHATS HAPPENING AT HOME	VARIOUS	:06	WHATS HAPPENING	\$0.00	TI	Weeks:	Start Date	End Date	MTWTFSS	Spots/Week	Rate		09/24/18	09/30/18	111----	3	\$0.00	Spots: #	Ch	Day	Air Date	Air Time	Description	Start/End Time	Length	Ad-ID	Rate	Type	52	FSNWI	M	09/24/18	11:42 PM	WHATS HAPPENING AT HOME	VARIOUS	:06	WHATS HAPPENING	\$0.00	TI	53	FSNWI	Tu	09/25/18	10:51 PM	WHATS HAPPENING AT HOME	VARIOUS	:06	WHATS HAPPENING	\$0.00	TI	54	FSNWI	W	09/26/18	10:26 PM	WHATS HAPPENING AT HOME	VARIOUS	:06	WHATS HAPPENING	\$0.00	TI
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Total Spots 57

Payment Terms 30 Days

Net Total \$9,800.00

We warrant that the actual broadcast information shown on this invoice was taken from the program log.

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INVOICE



Fox Sports Wisconsin
 400 North Executive Drive
 Suite 200
 Brookfield, WI 53005
 Main: (612) 486-9500
 Billing: (612) 486-9529

Invoice #	Invoice Date	Invoice Month	Invoice Period
WI18080176	08/26/18	August 2018	07/30/18 - 08/26/18

Property	Account Executive	Sales Office	Sales Region
FSNWI	Luis Olmos	Local-Wisconsin	Local

Advertiser	Product	Estimate Number
HOBO (Homeowners Barga	Brewers 2018	

Billing Address:

HOBO (Homeowners Bargain Outlet)
 Attention: Accounts Payable
 800 S 108th St
 West Allis, WI 53214

Flight Dates	Order #	Alt Order #
06/01/18 - 09/30/18	188121	

Billing Calendar	Billing Type	Deal #
Broadcast	Cash	

Special Handling

Agency Code	Advertiser Code	Product 1/2

Agency Ref	Advertiser Ref

Send Payment To:

Fox Sports Wisconsin
 3991 Collection Center Drive
 Chicago, IL 60693

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/Week	Rate	Type
1	06/01/18	09/30/18	BREWERS INGAME	VARIOUS	-----	:15	0	\$700.00	NM
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 08/06/18 08/12/18 ----1-1 2 \$700.00									
Spots: # Ch Day Air Date Air Time Description Start/End Time Length Ad-ID Rate Type 35 FSNWI F 08/10/18 7:29 PM BREWERS INGAME VARIOUS :15 HOB018 \$700.00 NM 36 FSNWI Su 08/12/18 3:46 PM BREWERS INGAME VARIOUS :15 HOB018 \$700.00 NM									
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 08/13/18 08/19/18 -11-1-1 4 \$700.00									
Spots: # Ch Day Air Date Air Time Description Start/End Time Length Ad-ID Rate Type 37 FSNWI Tu 08/14/18 1:57 PM BREWERS INGAME VARIOUS :15 HOB018 \$700.00 NM 38 FSNWI W 08/15/18 2:12 PM BREWERS INGAME VARIOUS :15 HOB018 \$700.00 NM 39 FSNWI F 08/17/18 8:18 PM BREWERS INGAME VARIOUS :15 HOB018 \$700.00 NM 40 FSNWI Su 08/19/18 1:49 PM BREWERS INGAME VARIOUS :15 HOB018 \$700.00 NM									
2	06/01/18	09/30/18	ROS 9A-11P	ROS 9A-11P	MTWTFSS	:15	3	\$0.00	NM
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 07/30/18 08/05/18 MTWTFSS 3 \$0.00									
Spots: # Ch Day Air Date Air Time Description Start/End Time Length Ad-ID Rate Type 29 FSNWI W 08/01/18 9:54 AM ROS 9A-11P ROS 9A-11P :15 HOB018 \$0.00 NM 30 FSNWI F 08/03/18 2:38 PM ROS 9A-11P ROS 9A-11P :15 HOB018 \$0.00 NM 28 FSNWI Su 08/05/18 7:31 PM ROS 9A-11P ROS 9A-11P :15 HOB018 \$0.00 NM									
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 08/06/18 08/12/18 MTWTFSS 3 \$0.00									
Spots: # Ch Day Air Date Air Time Description Start/End Time Length Ad-ID Rate Type 31 FSNWI Tu 08/07/18 9:46 AM ROS 9A-11P ROS 9A-11P :15 HOB018 \$0.00 NM 33 FSNWI Sa 08/11/18 ROS 9A-11P ROS 9A-11P :00 \$0.00 NM Credited									
32 FSNWI Su 08/12/18 10:53 AM ROS 9A-11P ROS 9A-11P :15 HOB018 \$0.00 NM									
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 08/13/18 08/19/18 MTWTFSS 3 \$0.00									
Spots: # Ch Day Air Date Air Time Description Start/End Time Length Ad-ID Rate Type 35 FSNWI Th 08/16/18 10:46 AM ROS 9A-11P ROS 9A-11P :15 HOB018 \$0.00 NM 34 FSNWI Sa 08/18/18 ROS 9A-11P ROS 9A-11P :00 \$0.00 NM Credited									

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INVOICE

Send Payment To:

Fox Sports Wisconsin
 3991 Collection Center Drive
 Chicago, IL 60693



Invoice #	Invoice Date	Invoice Month	Invoice Period
WI18080176	08/26/18	August 2018	07/30/18 - 08/26/18

Advertiser	Product	Estimate Number
HOBO (Homeowners Bargain)	Brewers 2018	

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We warrant that the actual broadcast information shown on this invoice was taken from the program log.

Agency is acting as an agent on behalf of its advertiser client, a disclosed principal, either named on this form or otherwise identified to media company. Agency will only be liable for the cost of the advertising purchased and other obligations to media company to the extent Agency has been paid by the advertiser for any such amount payable to the media company. For amounts not paid to Agency, media company will look solely to advertiser for payment. Advertiser remains liable to media company to the extent media company has not collected from Agency any amounts owed to media company on behalf of advertiser. Any modifications to this provision are of no force or effect. The above information supersedes all previous agreements.

INVOICE

Send Payment To:

Fox Sports Wisconsin
 3991 Collection Center Drive
 Chicago, IL 60693



WISCONSIN

Invoice #	Invoice Date	Invoice Month	Invoice Period
WI18080176	08/26/18	August 2018	07/30/18 - 08/26/18

Advertiser	Product	Estimate Number
HOBO (Homeowners Bargain)	Brewers 2018	

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/Week	Rate	Type																																																																		
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Spots: #	Ch	Day	Air Date	Air Time	Description	Start/End Time	Length	Ad-ID	Rate	Type																																																																	
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9	FSNWI	W	08/15/18	8:12 PM	BREW PRIME GAME RE-AIR	VARIOUS	:15	HOB018	\$0.00	NM																																																																	

Total Spots **36**

Payment Terms 30 Days

Net Total **\$4,200.00**

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INVOICE



Fox Sports Wisconsin
 400 North Executive Drive
 Suite 200
 Brookfield, WI 53005
 Main: (612) 486-9500
 Billing: (612) 486-9529

Invoice #	Invoice Date	Invoice Month	Invoice Period
WI18070099	07/29/18	July 2018	06/25/18 - 07/29/18

Property	Account Executive	Sales Office	Sales Region
FSNWI	Luis Olmos	Local-Wisconsin	Local

Advertiser	Product	Estimate Number
HOBO (Homeowners Bargain Outlet)	Brewers 2018	

Billing Address:

HOBO (Homeowners Bargain Outlet)
 Attention: Accounts Payable
 800 S 108th St
 West Allis, WI 53214

Flight Dates	Order #	Alt Order #
06/01/18 - 09/30/18	188121	

Billing Calendar	Billing Type	Deal #
Broadcast	Cash	

Special Handling

Agency Code	Advertiser Code	Product 1/2

Agency Ref	Advertiser Ref

Send Payment To:

Fox Sports Wisconsin
 3991 Collection Center Drive
 Chicago, IL 60693

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/ Week	Rate	Type
1	06/01/18	09/30/18	BREWERS INGAME	VARIOUS	-----	:15	0	\$700.00	NM
Weeks: Start Date 06/04/18 End Date 06/10/18 MTWTFSS -11-111 Spots/Week 5 Rate \$700.00									
Spots: #	Ch	Day	Air Date	Air Time	Description	Start/End Time	Length	Ad-ID	Rate Type
57	FSNWI	Sa	07/14/18	12:46 PM	BREWERS DBLHD INGAME	VARIOUS	:15	HOB018	\$700.00 NM
MG for 1.4 06/05									
Weeks: Start Date 06/18/18 End Date 06/24/18 MTWTFSS 1111111 Spots/Week 7 Rate \$700.00									
Spots: #	Ch	Day	Air Date	Air Time	Description	Start/End Time	Length	Ad-ID	Rate Type
56	FSNWI	Sa	07/14/18	2:31 PM	BREWERS DBLHD INGAME	VARIOUS	:15	HOB018	\$700.00 NM
MG for 1.17 06/20									
Weeks: Start Date 06/25/18 End Date 07/01/18 MTWTFSS -111111 Spots/Week 6 Rate \$700.00									
Spots: #	Ch	Day	Air Date	Air Time	Description	Start/End Time	Length	Ad-ID	Rate Type
22	FSNWI	Tu	06/26/18	8:40 PM	BREWERS INGAME	VARIOUS	:15	HOB018	\$700.00 NM
23	FSNWI	W	06/27/18		BREWERS INGAME	VARIOUS	:00		\$700.00 NM
See MG 1.55									
Program Moved - See Schedule									
24	FSNWI	Th	06/28/18	6:47 PM	BREWERS INGAME	VARIOUS	:15	HOB018	\$700.00 NM
25	FSNWI	F	06/29/18	6:08 PM	BREWERS INGAME	VARIOUS	:15	HOB018	\$700.00 NM
26	FSNWI	Sa	06/30/18	6:09 PM	BREWERS INGAME	VARIOUS	:15	HOB018	\$700.00 NM
27	FSNWI	Su	07/01/18	3:14 PM	BREWERS INGAME	VARIOUS	:15	HOB018	\$700.00 NM
55	FSNWI	Sa	07/14/18	5:46 PM	BREWERS INGAME	VARIOUS	:15	HOB018	\$700.00 NM
MG for 1.23 06/27									
Weeks: Start Date 07/09/18 End Date 07/15/18 MTWTFSS 1111111 Spots/Week 7 Rate \$700.00									
Spots: #	Ch	Day	Air Date	Air Time	Description	Start/End Time	Length	Ad-ID	Rate Type
28	FSNWI	M	07/09/18	7:56 PM	BREWERS INGAME	VARIOUS	:15	HOB018	\$700.00 NM
29	FSNWI	Tu	07/10/18	8:46 PM	BREWERS INGAME	VARIOUS	:15	HOB018	\$700.00 NM
30	FSNWI	W	07/11/18	6:38 PM	BREWERS INGAME	VARIOUS	:15	HOB018	\$700.00 NM
31	FSNWI	Th	07/12/18	6:18 PM	BREWERS INGAME	VARIOUS	:15	HOB018	\$700.00 NM
32	FSNWI	F	07/13/18	6:41 PM	BREWERS INGAME	VARIOUS	:15	HOB018	\$700.00 NM
33	FSNWI	Sa	07/14/18	3:18 PM	BREWERS INGAME	VARIOUS	:15	HOB018	\$700.00 NM
34	FSNWI	Su	07/15/18	1:06 PM	BREWERS INGAME	VARIOUS	:15	HOB018	\$700.00 NM

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INVOICE

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Fox Sports Wisconsin
 3991 Collection Center Drive
 Chicago, IL 60693



WISCONSIN

Invoice # WI18070099	Invoice Date 07/29/18	Invoice Month July 2018	Invoice Period 06/25/18 - 07/29/18
Advertiser HOBO (Homeowners Bargain)		Product Brewers 2018	Estimate Number

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/Week	Rate	Type
2	06/01/18	09/30/18	ROS 9A-11P	ROS 9A-11P	MTWTFSS	:15	3	\$0.00	NM
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 06/25/18 07/01/18 MTWTFSS 3 \$0.00									
Spots: # Ch Day Air Date Air Time Description Start/End Time Length Ad-ID Rate Type									
15	FSNWI	Tu	06/26/18	4:45 PM	ROS 9A-11P	ROS 9A-11P	:15	HOB018	\$0.00 NM
14	FSNWI	Sa	06/30/18	8:22 PM	ROS 9A-11P	ROS 9A-11P	:15	HOB018	\$0.00 NM
13	FSNWI	Su	07/01/18	5:37 PM	ROS 9A-11P	ROS 9A-11P	:15	HOB018	\$0.00 NM
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 07/02/18 07/08/18 MTWTFSS 3 \$0.00									
Spots: # Ch Day Air Date Air Time Description Start/End Time Length Ad-ID Rate Type									
18	FSNWI	Tu	07/03/18	7:47 PM	ROS 9A-11P	ROS 9A-11P	:15	HOB018	\$0.00 NM
17	FSNWI	W	07/04/18	11:35 AM	ROS 9A-11P	ROS 9A-11P	:15	HOB018	\$0.00 NM
16	FSNWI	Su	07/08/18	7:31 PM	ROS 9A-11P	ROS 9A-11P	:15	HOB018	\$0.00 NM
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 07/09/18 07/15/18 MTWTFSS 3 \$0.00									
Spots: # Ch Day Air Date Air Time Description Start/End Time Length Ad-ID Rate Type									
21	FSNWI	F	07/13/18	10:59 PM	ROS 9A-11P	ROS 9A-11P	:15	HOB018	\$0.00 NM
20	FSNWI	Sa	07/14/18	10:30 PM	ROS 9A-11P	ROS 9A-11P	:15	HOB018	\$0.00 NM
19	FSNWI	Su	07/15/18	9:43 PM	ROS 9A-11P	ROS 9A-11P	:15	HOB018	\$0.00 NM
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 07/16/18 07/22/18 MTWTFSS 3 \$0.00									
Spots: # Ch Day Air Date Air Time Description Start/End Time Length Ad-ID Rate Type									
22	FSNWI	M	07/16/18	9:12 PM	ROS 9A-11P	ROS 9A-11P	:15	HOB018	\$0.00 NM
23	FSNWI	Sa	07/21/18	4:16 PM	ROS 9A-11P	ROS 9A-11P	:15	HOB018	\$0.00 NM
24	FSNWI	Su	07/22/18	12:29 PM	ROS 9A-11P	ROS 9A-11P	:15	HOB018	\$0.00 NM
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 07/23/18 07/29/18 MTWTFSS 3 \$0.00									
Spots: # Ch Day Air Date Air Time Description Start/End Time Length Ad-ID Rate Type									
26	FSNWI	W	07/25/18	11:23 AM	ROS 9A-11P	ROS 9A-11P	:15	HOB018	\$0.00 NM
27	FSNWI	Sa	07/28/18	5:42 PM	ROS 9A-11P	ROS 9A-11P	:15	HOB018	\$0.00 NM
25	FSNWI	Su	07/29/18	9:43 PM	ROS 9A-11P	ROS 9A-11P	:15	HOB018	\$0.00 NM
3	06/01/18	09/30/18	BREW POST BILLBOARD[VARIOUS		-----	:06	0	\$0.00	TI
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 06/25/18 07/01/18 -111111 6 \$0.00									
Spots: # Ch Day Air Date Air Time Description Start/End Time Length Ad-ID Rate Type									
22	FSNWI	Tu	06/26/18	10:17 PM	BREW POST BILLBOARD	VARIOUS	:06	POST BILLBOARD	\$0.00 TI
23	FSNWI	W	06/27/18		BREW POST BILLBOARD	VARIOUS	:00		\$0.00 TI
<i>Credited</i>									
24	FSNWI	Th	06/28/18	9:44 PM	BREW POST BILLBOARD	VARIOUS	:06	POST BILLBOARD	\$0.00 TI
25	FSNWI	F	06/29/18	9:42 PM	BREW POST BILLBOARD	VARIOUS	:06	POST BILLBOARD	\$0.00 TI
26	FSNWI	Sa	06/30/18	6:57 PM	BREW POST BILLBOARD	VARIOUS	:06	POST BILLBOARD	\$0.00 TI
27	FSNWI	Su	07/01/18	4:06 PM	BREW POST BILLBOARD	VARIOUS	:06	POST BILLBOARD	\$0.00 TI
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 07/09/18 07/15/18 111111 7 \$0.00									
Spots: # Ch Day Air Date Air Time Description Start/End Time Length Ad-ID Rate Type									
28	FSNWI	M	07/09/18	10:14 PM	BREW POST BILLBOARD	VARIOUS	:06	POST BILLBOARD	\$0.00 TI
29	FSNWI	Tu	07/10/18	9:41 PM	BREW POST BILLBOARD	VARIOUS	:06	POST BILLBOARD	\$0.00 TI
30	FSNWI	W	07/11/18	10:59 PM	BREW POST BILLBOARD	VARIOUS	:06	POST BILLBOARD	\$0.00 TI
31	FSNWI	Th	07/12/18	9:28 PM	BREW POST BILLBOARD	VARIOUS	:06	POST BILLBOARD	\$0.00 TI
32	FSNWI	F	07/13/18	9:22 PM	BREW POST BILLBOARD	VARIOUS	:06	POST BILLBOARD	\$0.00 TI

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INVOICE

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Fox Sports Wisconsin
 3991 Collection Center Drive
 Chicago, IL 60693



WISCONSIN

Invoice # WI18070099	Invoice Date 07/29/18	Invoice Month July 2018	Invoice Period 06/25/18 - 07/29/18
Advertiser HOBO (Homeowners Barga	Product Brewers 2018	Estimate Number	

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/Week	Rate	Type																																																																																																																																																																																																																															
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<td>WHATS HAPPENING</td> <td>\$0.00</td> <td>TI</td> </tr> <tr> <td>25</td> <td>FSNWI</td> <td>F</td> <td>06/29/18</td> <td>9:26 PM</td> <td>WHATS HAPPENING AT HOME</td> <td>VARIOUS</td> <td>:06</td> <td>WHATS HAPPENING</td> <td>\$0.00</td> <td>TI</td> </tr> <tr> <td>26</td> <td>FSNWI</td> <td>Sa</td> <td>06/30/18</td> <td>6:44 PM</td> <td>WHATS HAPPENING AT HOME</td> <td>VARIOUS</td> <td>:06</td> <td>WHATS HAPPENING</td> <td>\$0.00</td> <td>TI</td> </tr> <tr> <td>27</td> <td>FSNWI</td> <td>Su</td> <td>07/01/18</td> <td>3:48 PM</td> <td>WHATS HAPPENING AT HOME</td> <td>VARIOUS</td> <td>:06</td> <td>WHATS HAPPENING</td> <td>\$0.00</td> <td>TI</td> </tr> <tr> <th>Weeks:</th> <th>Start Date</th> <th>End Date</th> <th>MTWTFSS</th> <th>Spots/Week</th> <th>Rate</th> </tr> <tr> <td></td> <td>07/09/18</td> <td>07/15/18</td> <td>11111111</td> <td>7</td> <td>\$0.00</td> </tr> <tr> <th>Spots: #</th> <th>Ch</th> <th>Day</th> <th>Air Date</th> <th>Air Time</th> <th>Description</th> <th>Start/End 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21	FSNWI	Su	07/15/18	3:10 PM	BREWERS INGAME	VARIOUS	:15	HOB018	\$0.00	NM																																																																																																																																																																																																																														

We warrant that the actual broadcast information shown on this invoice was taken from the program log.

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INVOICE

Send Payment To:

Fox Sports Wisconsin
 3991 Collection Center Drive
 Chicago, IL 60693



WISCONSIN

<u>Invoice #</u> WI18070099	<u>Invoice Date</u> 07/29/18	<u>Invoice Month</u> July 2018	<u>Invoice Period</u> 06/25/18 - 07/29/18
<u>Advertiser</u> HOBO (Homeowners Bargain)		<u>Product</u> Brewers 2018	<u>Estimate Number</u>

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/Week	Rate	Type
5	06/01/18	09/30/18	BREWERS INGAME	VARIOUS	-----	:15	0	\$0.00	NM
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 07/23/18 07/29/18 --11111 5 \$0.00									
<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>
22	FSNWI	W	07/25/18	3:09 PM	BREWERS INGAME	VARIOUS	:15	HOB018	\$0.00 NM
23	FSNWI	Th	07/26/18	12:24 AM	BREWERS INGAME	VARIOUS	:15	HOB018	\$0.00 NM
24	FSNWI	F	07/27/18	10:13 PM	BREWERS INGAME	VARIOUS	:15	HOB018	\$0.00 NM
25	FSNWI	Sa	07/28/18		BREWERS INGAME	VARIOUS	:00		\$0.00 NM
Credited									
26	FSNWI	Su	07/29/18	3:39 PM	BREWERS INGAME	VARIOUS	:15	HOB018	\$0.00 NM
6	06/01/18	09/30/18	BREW PRIME GAME RE	VARIOUS	-----	:15	0	\$0.00	NM
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 07/02/18 07/08/18 --1----- 1 \$0.00									
<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>
6	FSNWI	W	07/04/18	9:57 PM	BREW PRIME GAME RE-AIR	VARIOUS	:15	HOB018	\$0.00 NM
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 07/23/18 07/29/18 --1----- 1 \$0.00									
<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>
7	FSNWI	W	07/25/18	9:09 PM	BREW PRIME GAME RE-AIR	VARIOUS	:15	HOB018	\$0.00 NM
7	07/09/18	09/30/18	BREWERS DBLHD ING	VARIOUS	-----	:30	0	\$0.00	NM
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 07/09/18 07/15/18 -----2- 2 \$0.00									
<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>
1	FSNWI	Sa	07/14/18		BREWERS DBLHD ING	VARIOUS	:00		\$0.00 NM
Credited									
2	FSNWI	Sa	07/14/18		BREWERS DBLHD ING	VARIOUS	:00		\$0.00 NM
Credited									
8	07/12/18	09/30/18	WHATS HAPPENING AT	VARIOUS	-----	:06	0	\$0.00	TI
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 07/09/18 07/15/18 -----1- 1 \$0.00									
<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>
1	FSNWI	Sa	07/14/18	2:47 PM	WHATS HAPPENING AT HOME	VARIOUS	:06	WHATS HAPPENING	\$0.00 TI
9	07/12/18	09/30/18	BW DBLHD RS POG BILIV	VARIOUS	-----	:06	0	\$0.00	TI
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 07/09/18 07/15/18 -----1- 1 \$0.00									
<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>
1	FSNWI	Sa	07/14/18	3:09 PM	BW DBLHD RS POG BILLBOAR	VARIOUS	:06	POST BILLBOARD	\$0.00 TI

Total Spots 70

Payment Terms 30 Days

Net Total **\$10,500.00**

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Stephanie Serpa
Manager
Business & Legal Affairs

January 11, 2019

United States Bankruptcy Court
Northern District of Illinois
Eastern Division
Everett McKinley Dirksen
United States Courthouse
219 South Dearborn Street
Chicago, IL 60604

Re: Morgan Administration, Inc., et al.
Case No.: 18-30039

Dear Claims Agent:

Please find enclosed an original Proof of Claim in connection with the above referenced bankruptcy matter, along with two (2) copies. Additionally, we are including a self-addressed stamped envelope and request that a conformed copy be returned to us confirming our Proof of Claim was filed timely.

Sincerely,

A handwritten signature in blue ink, appearing to read "Stephanie Serpa".

Stephanie Serpa
On behalf of Fox Cable Network Services

Northern District of Illinois Claims Register

[18-30039 Morgan Administration, Inc.](#)

Honorable Judge: Jacqueline P. Cox **Chapter:** 11
Office: Eastern Division **Last Date to file claims:** 01/28/2019
Trustee: **Last Date to file (Govt):** 04/23/2019

<i>Creditor:</i> (27444011)	Claim No: 69	<i>Status:</i>
Fox Sports Wisconsin c/o Fox Sports Net LLC	<i>Original Filed</i>	<i>Filed by:</i> CR
2121 Avenue of the Stars	<i>Date:</i> 01/14/2019	<i>Entered by:</i> Kevin Lyons
#1289A	<i>Original Entered</i>	<i>Modified:</i>
Los Angeles CA 90067	<i>Date:</i> 01/14/2019	

Amount claimed: \$24500.00

History:

[Details](#) [69-1](#) 01/14/2019 Claim #69 filed by Fox Sports Wisconsin c/o Fox Sports Net LLC, Amount claimed: \$24500.00 (Lyons, Kevin)

Description:

Remarks:

Claims Register Summary

Case Name: Morgan Administration, Inc.
Case Number: 18-30039
Chapter: 11
Date Filed: 10/25/2018
Total Number Of Claims: 1

Total Amount Claimed*	\$24500.00
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		