B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT Middle District of Tennessee		**PROOF OF CLAIM**
Name of Debtor: Oreck Corporation	Case Number: 13-04006	
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.*		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Scripps Networks Interactive, Inc. f/k/a Scripps Networks, LLC for Home & Garden Television		**COURT USE ONLY**
Name and address where notices should be sent: Mary L. Fullington, Wyatt, Tarrant & Combs, LLP, 250 West Main Street, Suite 1600, Lexington, Kentucky 40507-1746. Telephone number: (859) 233-2012 email: Lexbankruptcy@wyattfirm.com		❒ 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:		❒ 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.

RECEIVED
JUN 19 2013
BMC GROUP

1. Amount of Claim as of Date Case Filed: $ 43,564.20

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.

❒ 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: Sale of advertising time
(See instruction #2)

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

Nature of property or right of setoff: ❒ Real Estate ❒ Motor Vehicle ❒ Other **Describe:**

Value of Property: $.....

Annual Interest Rate ..... % ❒ Fixed or ❒ Variable **(when case was filed)**

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: $.....

Basis for perfection: .....

Amount of Secured Claim: $.....

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.

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

❒ Wages, salaries, or commissions (up to $12,475*) 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).

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

Amount entitled to priority:

❒ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).

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

❒ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(___).

$.....

******Amounts are subject to adjustment on 4/01/16 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

Oreck POC
06-00097

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, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). 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. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. *(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, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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: Mary L. Fullington
Title: Counsel for Scripps Interactive Network, Inc.
Company: Wyatt, Tarrant & Combs, LLP
Address and telephone number (if different from notice address above):

/s/ Mary L. Fullington 06/14/2013
(Signature) (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 and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. 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, 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.

DEFINITIONS

Debtor
A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor
A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim
A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim
A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)
A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim
An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)
Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted
A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

Evidence of Perfection
Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim
To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim
Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

HOME & GARDEN TELEVISION
9721 SHERRILL BLVD
KNOXVILLE, TN 37932
Phone: (865) 560-4256 Fax: (865) 531-9938

Remit To: **HGTV**
PO BOX 602028
CHARLOTTE, NC 28260-2028

21.5.2013.1140

ATTN ACCOUNTS PAYABLE
INTEGRATED MEDIA SOLUTIONS.
650 5TH AVENUE
35TH FLOOR
NEW YORK, NY 10019

Contract Number	Salesperson (*=shared)	Invoice Number	Page
7317	Cheryl Leung	1212-3111-1	1 of 1
Advertiser 226	**Order Class**	**Estimate Code**	**Broadcast Month**
ORECK CORPORATION (SL)	Local		December 2012
Product	**Order Type**		**Invoice Date**
ORECK VERSA VAC ESTIMATE 2426	Regular		12/30/2012

Note:

Schedule								Actual Broadcast					Reconciliation	
L#	Start	End	Time	M T W T F S S	Program	Date	Day Time	Len	Copy#	Cost	Remarks	DB/CR
1	12/3	12/7	9:00A - 3:00P	x x x x x	Day Rotation M-F 9a-3p							
						12/5	WE 2:10:10 PM	1:00	VV5PB6024H	$2,500.00		
						12/6	TH 11:53:25 AM	1:00	VV5PRN6005H	$2,500.00		
						12/7	FR 2:09:32 PM	1:00	VV5PRN6005H	$2,500.00		
2	12/10	12/16	9:00A - 3:00P	x x x x x	Day Rotation M-F 9a-3p							
						12/10	MO	1:00	VV5PRN6005H	$0.00	DI/Lowest Rate-PE-CR	-$2,500.00
						12/14	FR	1:00	VV5PB6024H	$0.00	Daypart Sold out-PE-CR	-$2,500.00
3	12/3	12/7	3:00P - 6:00P	x x x x x	Early Fringe Rotation M-F 3-6p							
						12/6	TH 5:08:08 PM	1:00	VV5PB6024H	$3,500.00		
						12/7	FR 5:08:22 PM	1:00	VV5PB6024H	$3,500.00		
4	12/10	12/14	3:00P - 6:00P	x x x x x	Early Fringe Rotation M-F 3-6p							
						12/10	MO	1:00		$0.00	DI/Lowest Rate-PE-CR	-$3,500.00

Contract Notes:

Invoice Comment:

Gross Billings: $14,500.00
Commission: -$2,175.00 (15.00 %)
Net Amount Due: $12,325.00

Terms: NET 30 DAYS

We warrant that the actual broadcast information shown on this invoice was taken from the program log and will be available, on request, for inspection by Advertiser or Agency for at least 12 months.

Not withstanding to whom bills are rendered, Advertiser, Agency and Service, jointly and severally shall remain obligated to pay to Network the amount of any bills rendered by Network within the time specified, and until payment in full is received by Network. Payment by Advertiser to Agency or to Service shall not constitute payment to this Network.

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HGTV
HOME & GARDEN TELEVISION
9721 SHERRILL BLVD
KNOXVILLE, TN 37932
Phone: (865) 560-4256 Fax: (865) 531-9938

Remit To: HGTV
PO BOX 602028
CHARLOTTE, NC 28260-2028

21.5.2013.1140

ATTN ACCOUNTS PAYABLE
KARLEN WILLIAMS GRAYBILL
512 7TH AVENUE, 41ST FLOOR
NEW YORK, NY 10018

Contract Number	Salesperson (*=shared)	Invoice Number	Page
2653	Ben Habib*	313-1442-1	1 of 1
Advertiser 226	**Order Class**	**Estimate Code**	**Broadcast Month**
ORECK CORPORATION (SL)	National	189	March 2013
Product	**Order Type**		**Invoice Date**
VERSAVAC	Regular		3/31/2013

Note:

Schedule						Actual Broadcast						Reconciliation	
L#	Start	End	Time	M T W T F S S	Program	Date	Day	Time	Len	Copy#	Cost	Remarks	DB/CR
12	2/25	3/3	9:00A - 3:00P	x x x x x	Day Rotation M-F 9a-3p	2/27	WE	12:10:27 PM	:15	VERT1500H	$791.00		
23	2/25	3/3	3:00P - 6:00P	x x x x x	Early Fringe Rotation M-F 3-6p	2/26	TU	5:08:48 PM	:15	VERT1500H	$1,794.00		
						2/27	WE	4:33:31 PM	:15	VERT1500H	$1,794.00		
27	2/25	3/3	7:00A - 9:00A	x x x x x	Morning Rotation M-F 7-9a	2/25	MO	7:18:35 AM	:15	VERT1500H	$363.00		
						2/26	TU	8:46:14 AM	:15	VERT1500H	$363.00		
33	2/25	3/3	7:00A - 9:00A	x x x x x	Morning Rotation M-F 7-9a	2/28	TH	8:52:09 AM	:15	VERT1500H	$362.00		

Contract Notes:

Invoice Comment:

Gross Billings: $5,467.00
Commission: -$820.05 (15.00 %)
Net Amount Due: $4,646.95

Terms: NET 30 DAYS

We warrant that the actual broadcast information shown on this invoice was taken from the program log and will be available, on request, for inspection by Advertiser or Agency for at least 12 months.

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HOME & GARDEN TELEVISION
9721 SHERRILL BLVD
KNOXVILLE, TN 37932
Phone: (865) 560-4256 Fax: (865) 531-9938

Remit To: **HGTV**
PO BOX 602028
CHARLOTTE, NC 28260-2028

21.6.2013.1140

ATTN ACCOUNTS PAYABLE
KARLEN WILLIAMS GRAYBILL
512 7TH AVENUE, 41ST FLOOR
NEW YORK, NY 10018

Contract Number	Salesperson (*=shared)	Invoice Number	Page
..4383	Ben Habib*	313-1443-1	1 of 1
Advertiser 226	**Order Class**	**Estimate Code**	**Broadcast Month**
ORECK CORPORATION (SL)	National	189	March 2013
Product	**Order Type**		**Invoice Date**
MAGNESIUM	Regular		3/31/2013

Note:

Schedule						Actual Broadcast					Reconciliation	
L#	**Start**	**End**	**Time**	**M T W T F S S**	**Program**	**Date**	**Day Time**	**Len**	**Copy#**	**Cost**	**Remarks**	**DB/CR**
2	2/25	3/3	9:00A - 3:00P	x x x x x	Day Rotation M-F 9a-3p							
						2/26	TU 11:38:05 AM	:15	MAGT1500H	$792.00		
						3/1	FR 9:39:08 AM	:15	MAGT1500H	$792.00		
3	2/25	3/3	9:00A - 3:00P	x x x x x	Day Rotation M-F 9a-3p							
						2/28	TH 10:39:33 AM	:15	MAGT1500H	$791.00		
5	2/25	3/3	3:00P - 6:00P	x x x x x	Early Fringe Rotation M-F 3-6p							
						2/28	TH 5:23:05 PM	:15	MAGT1500H	$1,795.00		
						3/1	FR 3:47:37 PM	:15	MAGT1500H	$1,795.00		
7	2/25	3/3	7:00A - 9:00A	x x x x x	Morning Rotation M-F 7-9a							
						2/28	TH 8:15:24 AM	:15	MAGT1500H	$363.00		
						3/1	FR 8:55:35 AM	:15	MAGT1500H	$363.00		

Contract Notes:

Invoice Comment:

Gross Billings:	$6,691.00	
Commission:	-$1,003.65	(15.00 %)
Net Amount Due:	$5,687.35	

Terms: NET 30 DAYS

We warrant that the actual broadcast information shown on this invoice was taken from the program log and will be available, on request, for inspection by Advertiser or Agency for at least 12 months.

Not withstanding to whom bills are rendered, Advertiser, Agency and Service, jointly and severally shall remain obligated to pay to Network the amount of any bills rendered by Network within the time specified, and until payment in full is received by Network. Payment by Advertiser to Agency or to Service shall not constitute payment to this Network.

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HOME & GARDEN TELEVISION
9721 SHERRILL BLVD
KNOXVILLE, TN 37932
Phone: (865) 560-4256 Fax: (865) 531-9938

Remit To: HGTV
PO BOX 602028
CHARLOTTE, NC 28260-2028

21.5.2013.1140

ATTN ACCOUNTS PAYABLE
KARLEN WILLIAMS GRAYBILL
512 7TH AVENUE, 41ST FLOOR
NEW YORK, NY 10018

Contract Number	Salesperson (*=shared)	Invoice Number	Page
1420	Ben Habib*	413-2134-1	1 of 2
Advertiser 226	**Order Class**	**Estimate Code**	**Broadcast Month**
ORECK CORPORATION (SL)	National	190	April 2013
Product	**Order Type**		**Invoice Date**
TOUCH	Regular		4/28/2013

Note:

Schedule						Actual Broadcast					Reconciliation	
L#	Start	End	Time	M T W T F S S	Program	Date	Day Time	Len	Copy#	Cost	Remarks	DB/CR
5	4/1	4/7	9:00A - 3:00P	x x x x x	Day Rotation M-F 9a-3p							
						4/3	WE 10:43:09 AM	:15	TOUT1502H	$763.00		
						4/3	WE 1:45:42 PM	:15	TOUT1503H	$763.00		
6	4/8	4/14	9:00A - 3:00P	x x x x x	Day Rotation M-F 9a-3p							
						4/8	MO 11:55:02 AM	:15	TOUT1502H	$763.00		
						4/10	WE 10:17:06 AM	:15	TOUT1503H	$763.00		
7	4/15	4/21	9:00A - 3:00P	x x x x x	Day Rotation M-F 9a-3p							
						4/15	MO 2:38:17 PM	:15	TOUT1502H	$763.00		
						4/17	WE 12:09:27 PM	:15	TOUT1502H	$763.00		
8	4/1	4/7	9:00A - 3:00P	x x x x x	Day Rotation M-F 9a-3p							
						4/2	TU 11:37:00 AM	:15	TOUT1502H	$763.00		
						4/2	TU 1:24:46 PM	:15	TOUT1503H	$763.00		
11	4/15	4/21	9:00A - 3:00P	x x x x x	Day Rotation M-F 9a-3p							
						4/16	TU 10:56:18 AM	:15	TOUT1502H	$763.00		
						4/19	FR 11:06:59 AM	:15	TOUT1502H	$763.00		
13	4/1	4/7	9:00A - 3:00P	x x x x x	Day Rotation M-F 9a-3p							
						4/1	MO 9:44:44 AM	:15	TOUT1502H	$763.00		
						4/1	MO 12:23:55 PM	:15	TOUT1503H	$763.00		
14	4/1	4/7	9:00A - 3:00P	x x x x x	Day Rotation M-F 9a-3p							
						4/2	TU 12:09:19 PM	:15	TOUT1503H	$763.00		
						4/2	TU 12:45:45 PM	:15	TOUT1502H	$763.00		
15	4/15	4/21	3:00P - 6:00P	x x x x x	Early Fringe Rotation M-F 3-6p							
						4/15	MO 5:26:04 PM	:15	TOUT1503H	$1,376.00		
16	4/15	4/21	3:00P - 6:00P	x x x x x	Early Fringe Rotation M-F 3-6p							
						4/16	TU 5:37:30 PM	:15	TOUT1503H	$1,375.00		
19	4/1	4/7	3:00P - 6:00P	x x x x x	Early Fringe Rotation M-F 3-6p							
						4/1	MO 4:53:31 PM	:15	TOUT1503H	$1,376.00		
20	4/1	4/7	3:00P - 6:00P	x x x x x	Early Fringe Rotation M-F 3-6p							

Case 3:13-bk-04006 Claim 97-1 Filed 06/14/13 Desc Main Document Page 7 of 8

HOME & GARDEN TELEVISION
9721 SHERRILL BLVD
KNOXVILLE, TN 37932
Phone: (865) 560-4256 Fax: (865) 531-9938

Remit To: **HGTV**
PO BOX 602028
CHARLOTTE, NC 28260-2028

21.5.2013.1140

ATTN ACCOUNTS PAYABLE
KARLEN WILLIAMS GRAYBILL
512 7TH AVENUE, 41ST FLOOR
NEW YORK, NY 10018

Contract Number	Salesperson (*=shared)	Invoice Number	Page
1420	Ben Habib*	413-2134-1	2 of 2
Advertiser 226	**Order Class**	**Estimate Code**	**Broadcast Month**
ORECK CORPORATION (SL)	National	190	April 2013
Product	**Order Type**		**Invoice Date**
TOUCH	Regular		4/28/2013

Note:

Schedule								Actual Broadcast					Reconciliation	
L#	Start	End	Time	M	T	W	T	F	S	S	Program	Date	Day Time	Len	Copy#	Cost	Remarks	DB/CR
												4/1	MO 3:53:16 PM	:15	TOUT1502H	$1,375.00		
26	4/8	4/14	9:00A - 3:00P	x	x	x	x	x			Day Rotation M-F 9a-3p	4/11	TH 9:29:58 AM	:15	TOUT1502H	$763.00		
28	4/8	4/14	9:00P - 12:00A	x	x	x	x	x	x	x	Prime 2 Rotation M-Su 9p-12a Mirrored	4/14	SU 10:25:24 PM	:15	TOUT1503H	$6,272.00		
29	4/8	4/14	12:00A - 3:00A	x	x	x	x	x	x	x	Prime 2 Rotation Mirror M-Su 12a-3a	4/14	SU 1:25:24 AM	:15	TOUT1503H	$0.00		
30	4/15	4/21	3:00P - 6:00P	x	x	x	x	x			Early Fringe Rotation M-F 3-6p	4/18	TH 3:08:50 PM	:15	TOUT1503H	$1,375.00		

Contract Notes:

Invoice Comment:

Gross Billings:	$24,594.00
Commission:	-$3,689.10 (15.00 %)
Net Amount Due:	$20,904.90

Terms: NET 30 DAYS

We warrant that the actual broadcast information shown on this invoice was taken from the program log and will be available, on request, for inspection by Advertiser or Agency for at least 12 months.

Not withstanding to whom bills are rendered, Advertiser, Agency and Service, jointly and severally shall remain obligated to pay to Network the amount of any bills rendered by Network within the time specified, and until payment in full is received by Network. Payment by Advertiser to Agency or to Service shall not constitute payment to this Network.

Case 3:13-bk-04006 Claim 97-1 Filed 06/14/13 Desc Main Document Page 8 of 8

MIDDLE DISTRICT OF TENNESSEE
Claims Register

3:13-bk-04006 Oreck Corporation

Judge: Keith M Lundin **Chapter:** 11
Office: Nashville **Last Date to file claims:** 09/13/2013
Trustee: **Last Date to file (Govt):**

Creditor: (5201923) Scripps Networks Interactive, Inc. c/o Mary L. Fullington Wyatt, Tarrant & Combs, LLP 250 West Main Street, Suite 1600 Lexington, KY 40507-1746	**Claim No: 97** *Original Filed Date:* 06/14/2013 *Original Entered Date:* 06/14/2013	*Status:* *Filed by:* CR *Entered by:* MARY L FULLINGTON *Modified:*
Amount claimed: $43564.20		

History:

Details	97-1	06/14/2013 Claim #97 filed by Scripps Networks Interactive, Inc., Amount claimed: $43564.20 (FULLINGTON, MARY)

Description: (97-1) Sale of advertising time.
Remarks:

Claims Register Summary

Case Name: Oreck Corporation
Case Number: 3:13-bk-04006
Chapter: 11
Date Filed: 05/06/2013
Total Number Of Claims: 1

Total Amount Claimed*	$43564.20
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		