

# BRAVE NEW NETWORK LLC

## AFFIDAVIT OF PERFORMANCE

(date)

INSTRUCTIONS: PLEASE COMPLETE THE FOLLOWING AND RETURN BY EMAIL TO "shannon@bravenetwork.org". THANKS!

THIS REPORT IS FOR BROADCASTER:

(call letters and dial location)

IF THERE ARE NO DISCREPANCIES IN THIS REPORT, FILL IN ITEMS 1-3 ONLY AND SKIP TO THE SIGNATURE SECTION AT THE BOTTOM OF THE PAGE. IF THERE ARE DISCREPANCIES, NOTE THEM IN ITEM 4.

1. PROGRAM AIR DATES:

1<sup>st</sup> Airing:

2<sup>nd</sup> Airing:

2. TIME(S) OF BROADCAST FOR EACH PROGRAM

1<sup>st</sup> Airing:

2<sup>nd</sup> Airing:

AIRING:

3. UNDERWRITER SUPPORT SPOTS AIRED INTACT WITH EACH

BROADCAST OF PROGRAM:

Yes

No

### DISCREPANCIES

4. IF PROGRAM AND UNDERWRITER SUPPORT SPOTS DID NOT AIR AS REQUIRED, PLEASE FILL IN THE FOLLOWING SECTION.

DATE OF DISCREPANCY	REASON FOR DISCREPANCY	PROGRAM AIRED AT ANOTHER TIME? (YES/NO)	IF YES, WHAT TIME?

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Notary Name

Date

Signature Of Affiant

Printed Name and Title

Notary Seal