

Fill in this information to identify the case:

Debtor Orexigen Therapeutics, Inc.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 18-10518

**Official Form 410
Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>American Broadcasting Company, Inc.</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	American Broadcasting Company, Inc. 500 S. Buena Vista Street Burbank, CA 91521, United States	American Broadcasting Company, Inc. P.O. Box 10481 Newark, NJ 07193-0481, United States
	Contact phone <u>818-553-7778</u>	Contact phone <u>818-553-7778</u>
	Contact email <u>gigi.taloma@disney.com</u>	Contact email <u>gigi.taloma@disney.com</u>
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>05/01/2018</u> <small>MM / DD / YYYY</small>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ _

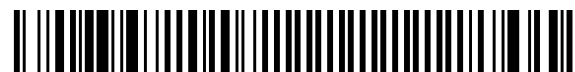
7. How much is the claim? \$ 2,022,575.00. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Advertising Sales

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$2,850* 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"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 05/01/2018
MM / DD / YYYY

/s/Gigi Taloma
Signature

Print the name of the person who is completing and signing this claim:

Name Gigi Taloma
First name Middle name Last name

Title Collections Account Manager

Company The Walt Disney Company
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 830-4646 | International (310) 751-2641

Debtor: 18-10518 - Orexigen Therapeutics, Inc.		
District: District of Delaware		
Creditor: American Broadcasting Company, Inc. 500 S. Buena Vista Street Burbank, CA, 91521 United States Phone: 818-553-7778 Phone 2: Fax: Email: gigi.taloma@disney.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Disbursement/Notice Parties: American Broadcasting Company, Inc. P.O. Box 10481 Newark, NJ, 07193-0481 United States Phone: 818-553-7778 Phone 2: Fax: E-mail: gigi.taloma@disney.com DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim: Yes, 05/01/2018 Acquired Claim: No	
Basis of Claim: Advertising Sales	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 2,022,575.00	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Gigi Taloma on 01-May-2018 5:43:31 p.m. Eastern Time Title: Collections Account Manager Company: The Walt Disney Company		



INVOICE DATE	INVOICE NUMBER
01/31/2018	NET-501265

ADVERTISER
OREXIGEN THERAPEUTICS, INC.

AMERICAN BROADCASTING COMPANY
P.O. BOX 10481
NEWARK, NEW JERSEY 07193-0481

AGENCY-ADVERTISER
MIDA-OREX

CONTRACT
18M204

IN ACCOUNT WITH

MIDAS EXCHANGE, THE
ATTN:MICHELLE YAKOB
498 SEVENTH AVENUE
NEW YORK, NY 10018

FOR: TV NETWORK PACKAGE

TERMS:
Payment shall be made so as to be received by us
no later than the 15th day of the month following
date of broadcast.

ITEM NO	PGM CODE	PROGRAM NAME	LEN	PLAY DATE	AIR TIME	POS	ADID NO	PRODUCT NAME	AMOUNT	OTHER CHARGES
1	M93800	THE VIEW	01:00	01/02	11:30:15 A	2F	XORE0012000H	CONTRAVE (WEIGHT LOSS)	19,800.00	0.00
17	M97000	GENERAL HOSPITAL	01:00	01/02	02:42:13 P	5B	XORE0012000H	CONTRAVE (WEIGHT LOSS)	24,200.00	0.00
32	M98000	THE CHEW	01:00	01/02	01:54:57 P	7E	XORE0012000H	CONTRAVE (WEIGHT LOSS)	21,500.00	0.00
2	M93800	THE VIEW	01:00	01/03	11:47:26 A	4D	XORE0012000H	CONTRAVE (WEIGHT LOSS)	19,800.00	0.00
18	M97000	GENERAL HOSPITAL	01:00	01/03	02:50:39 P	6A	XORE0012000H	CONTRAVE (WEIGHT LOSS)	24,200.00	0.00
33	M98000	THE CHEW	01:00	01/03	01:37:02 P	5B	XORE0012000H	CONTRAVE (WEIGHT LOSS)	21,500.00	0.00
19	M97000	GENERAL HOSPITAL	01:00	01/04	02:12:47 P	2A	XORE0012000H	CONTRAVE (WEIGHT LOSS)	24,200.00	0.00
34	M98000	THE CHEW	01:00	01/04	01:38:21 P	5B	XORE0012000H	CONTRAVE (WEIGHT LOSS)	21,500.00	0.00
20	M97000	GENERAL HOSPITAL	01:00	01/08	02:13:02 P	2A	XORE0012000H	CONTRAVE (WEIGHT LOSS)	20,900.00	0.00
3	M93800	THE VIEW	01:00	01/11	11:54:59 A	5E	XORE0012000H	CONTRAVE (WEIGHT LOSS)	18,200.00	0.00
4	M93800	THE VIEW	01:00	01/12	11:26:16 A	2F	XORE0012000H	CONTRAVE (WEIGHT LOSS)	18,200.00	0.00
21	M97000	GENERAL HOSPITAL	01:00	01/12	02:28:53 P	4B	XORE0012000H	CONTRAVE (WEIGHT LOSS)	20,900.00	0.00
35	M98000	THE CHEW	01:00	01/12	01:52:25 P	7A	XORE0012000H	CONTRAVE (WEIGHT LOSS)	19,200.00	0.00
5	M93800	THE VIEW	01:00	01/15	11:09:19 A	1C	XORE0012000H	CONTRAVE (WEIGHT LOSS)	18,200.00	0.00
36	M98000	THE CHEW	01:00	01/15	01:38:49 P	5H	XORE0012000H	CONTRAVE (WEIGHT LOSS)	19,200.00	0.00
SUB TOTAL										
LESS AGENCY COMMISSION										
NET AMOUNT										

THIS IS TO CERTIFY THAT, AS OF THE DATE HEREOF, AND EXCEPT AS AGENCY HAS BEEN HERETOFORE ADVISED IN WRITING, THE DATA ON THIS INVOICE IS, ACCORDING TO OUR RECOF TRUE STATEMENT OF BROADCAST OR SERVICE SCHEDULED AND PERFORMED.

PAY THIS AMOUNT

CONTINUED

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INVOICE DATE	INVOICE NUMBER
01/31/2018	NET-501265

ADVERTISER
OREXIGEN THERAPEUTICS, INC.

AMERICAN BROADCASTING COMPANY
P.O. BOX 10481
NEWARK, NEW JERSEY 07193-0481

AGENCY-ADVERTISER
MIDA-OREX

CONTRACT
18M204

IN ACCOUNT WITH

MIDAS EXCHANGE, THE
ATTN:MICHELLE YAKOB
498 SEVENTH AVENUE
NEW YORK, NY 10018

CONTINUED

FOR:

TV NETWORK PACKAGE

TERMS:
Payment shall be made so as to be received by us
no later than the 15th day of the month following
date of broadcast.

ITEM NO	PGM CODE	PROGRAM NAME	LEN	PLAY DATE	AIR TIME	POS	ADID NO	PRODUCT NAME	AMOUNT	OTHER CHARGES
6	M93800	THE VIEW	01:00	01/16	11:50:45 A	5H	XORE0012000H	CONTRAVE (WEIGHT LOSS)	18,200.00	0.00
22	M97000	GENERAL HOSPITAL	01:00	01/16	02:41:14 P	5A	XORE0012000H	CONTRAVE (WEIGHT LOSS)	20,900.00	0.00
23	M97000	GENERAL HOSPITAL	01:00	01/17	02:21:58 P	3A	XORE0012000H	CONTRAVE (WEIGHT LOSS)	20,900.00	0.00
46	M97000	GENERAL HOSPITAL	01:00	01/29	02:53:45 P	6J	XORE0012000H	CONTRAVE (WEIGHT LOSS)	20,900.00	0.00
37	M98000	THE CHEW	01:00	01/30	01:47:11 P	6D	XORE0012000H	CONTRAVE (WEIGHT LOSS)	19,200.00	0.00
7	M93800	THE VIEW	01:00	01/31	11:28:01 A	2G	XORE0012000H	CONTRAVE (WEIGHT LOSS)	18,200.00	0.00

SUB TOTAL	429,800.00	0.00
LESS AGENCY COMMISSION	64,470.00	0.00
NET AMOUNT	365,330.00	0.00

THIS IS TO CERTIFY THAT, AS OF THE DATE HEREOF, AND EXCEPT AS AGENCY HAS BEEN HERETOFORE ADVISED IN WRITING, THE DATA ON THIS INVOICE IS, ACCORDING TO OUR RECORD TRUE STATEMENT OF BROADCAST OR SERVICE SCHEDULED AND PERFORMED.

PAY THIS AMOUNT **365,330.00**

REPRINT



INVOICE DATE	INVOICE NUMBER
01/31/2018	NET-501490

AMERICAN BROADCASTING COMPANY
P.O. BOX 10481
NEWARK, NEW JERSEY 07193-0481

ADVERTISER
OREXIGEN THERAPEUTICS, INC.

IN ACCOUNT WITH

MIDAS EXCHANGE, THE
ATTN:MICHELLE YAKOB
498 SEVENTH AVENUE
NEW YORK, NY 10018

AGENCY-ADVERTISER
MIDA-OREX

CONTRACT
18N408

FOR: TV NETWORK PACKAGE

TERMS:
Payment shall be made so as to be received by us no later than the 15th day of the month following date of broadcast.

ITEM NO	PGM CODE	PROGRAM NAME	LEN	PLAY DATE	AIR TIME	POS	ADID NO	PRODUCT NAME	AMOUNT	OTHER CHARGES
1	9D3000	GOOD MORNING AMERICA	01:00	01/01	07:35:26 A	4A	XORE0012000H	CONTRAVE (WEIGHT LOSS)	54,100.00	0.00
2	9D3000	GOOD MORNING AMERICA	01:00	01/02	07:39:10 A	5A	XORE0012000H	CONTRAVE (WEIGHT LOSS)	54,100.00	0.00
20	9D3000	GOOD MORNING AMERICA	01:00	01/04	07:20:58 A	2D	XORE0012000H	CONTRAVE (WEIGHT LOSS)	0.00	0.00
3	9D3000	GOOD MORNING AMERICA	01:00	01/10	07:50:54 A	7A	XORE0012000H	CONTRAVE (WEIGHT LOSS)	54,100.00	0.00
4	9D3000	GOOD MORNING AMERICA	01:00	01/11	07:20:27 A	2C	XORE0012000H	CONTRAVE (WEIGHT LOSS)	54,100.00	0.00
5	9D3000	GOOD MORNING AMERICA	01:00	01/15	07:28:30 A	4A	XORE0012000H	CONTRAVE (WEIGHT LOSS)	68,000.00	0.00
16	N06000	AMERICA THIS MORNING	01:00	01/15	06:08:18 A	1A	XORE0012000H	CONTRAVE (WEIGHT LOSS)	10,400.00	0.00
6	9D3000	GOOD MORNING AMERICA	01:00	01/19	07:45:24 A	6A	XORE0012000H	CONTRAVE (WEIGHT LOSS)	68,000.00	0.00
7	9D3000	GOOD MORNING AMERICA	01:00	01/30	08:08:04 A	10C	XORE0012000H	CONTRAVE (WEIGHT LOSS)	66,800.00	0.00
17	N06000	AMERICA THIS MORNING	01:00	01/30	06:13:25 A	2B	XORE0012000H	CONTRAVE (WEIGHT LOSS)	11,100.00	0.00
8	9D3000	GOOD MORNING AMERICA	01:00	01/31	07:40:44 A	5B	XORE0012000H	CONTRAVE (WEIGHT LOSS)	66,800.00	0.00
SUB TOTAL									507,500.00	0.00
LESS AGENCY COMMISSION									76,125.00	0.00
NET AMOUNT									431,375.00	0.00

THIS IS TO CERTIFY THAT, AS OF THE DATE HEREOF, AND EXCEPT AS AGENCY HAS BEEN HERETOFORE ADVISED IN WRITING, THE DATA ON THIS INVOICE IS, ACCORDING TO OUR RECORD TRUE STATEMENT OF BROADCAST OR SERVICE SCHEDULED AND PERFORMED.

PAY THIS AMOUNT **431,375.00**

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INVOICE DATE 01/31/2018	INVOICE NUMBER NET-501495
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ADVERTISER
OREXIGEN THERAPEUTICS, INC.

AMERICAN BROADCASTING COMPANY
P.O. BOX 10481
NEWARK, NEW JERSEY 07193-0481

AGENCY-ADVERTISER
MIDA-OREX

CONTRACT
18P452

IN ACCOUNT WITH

MIDAS EXCHANGE, THE
ATTN:MICHELLE YAKOB
498 SEVENTH AVENUE
NEW YORK, NY 10018

FOR: TV NETWORK PACKAGE

TERMS:
Payment shall be made so as to be received by us
no later than the 15th day of the month following
date of broadcast.

ITEM NO	PGM CODE	PROGRAM NAME	LEN	PLAY DATE	AIR TIME	POS	ADID NO	PRODUCT NAME	AMOUNT	OTHER CHARGES
5	P05500	20/20	01:00	01/11	10:11:05 P	6B	XORE0012000H	CONTRAVE (WEIGHT LOSS)	41,400.00	0.00
3	P05500	20/20	01:00	01/12	10:54:08 P	5A	XORE0012000H	CONTRAVE (WEIGHT LOSS)	66,600.00	0.00
1	P01140	BACHELOR	01:00	01/15	08:39:05 P	4H	XORE0012000H	CONTRAVE (WEIGHT LOSS)	257,700.00	0.00
2	P04300	GREYS ANATOMY	01:00	01/18	08:48:09 P	6C	XORE0012000H	CONTRAVE (WEIGHT LOSS)	252,500.00	0.00
SUB TOTAL									618,200.00	0.00
LESS AGENCY COMMISSION									92,730.00	0.00
NET AMOUNT									525,470.00	0.00

THIS IS TO CERTIFY THAT, AS OF THE DATE HEREOF, AND EXCEPT AS AGENCY HAS BEEN HERETOFORE ADVISED IN WRITING, THE DATA ON THIS INVOICE IS, ACCORDING TO OUR RECOF TRUE STATEMENT OF BROADCAST OR SERVICE SCHEDULED AND PERFORMED.

PAY THIS AMOUNT 525,470.00

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INVOICE DATE	INVOICE NUMBER
02/28/2018	NET-502530

AMERICAN BROADCASTING COMPANY
 P.O. BOX 10481
 NEWARK, NEW JERSEY 07193-0481

ADVERTISER
OREXIGEN THERAPEUTICS, INC.

IN ACCOUNT WITH
 MIDAS EXCHANGE, THE
 ATTN:MICHELLE YAKOB
 498 SEVENTH AVENUE
 NEW YORK, NY 10018

AGENCY-ADVERTISER
MIDA-OREX

CONTRACT
18M204

FOR: TV NETWORK PACKAGE

TERMS:
 Payment shall be made so as to be received by us
 no later than the 15th day of the month following
 date of broadcast.

ITEM NO	PGM CODE	PROGRAM NAME	LEN	PLAY DATE	AIR TIME	POS	ADID NO	PRODUCT NAME	AMOUNT	OTHER CHARGES
24	M97000	GENERAL HOSPITAL	01:00	02/01	02:40:20 P	5A	XORE0012000H	CONTRAVE (WEIGHT LOSS)	20,900.00	0.00
25	M97000	GENERAL HOSPITAL	01:00	02/05	02:51:07 P	6B	XORE0012000H	CONTRAVE (WEIGHT LOSS)	20,900.00	0.00
38	M98000	THE CHEW	01:00	02/07	01:40:24 P	5F	XORE0012000H	CONTRAVE (WEIGHT LOSS)	19,200.00	0.00
8	M93800	THE VIEW	01:00	02/08	11:54:53 A	5C	XORE0012000H	CONTRAVE (WEIGHT LOSS)	18,200.00	0.00
26	M97000	GENERAL HOSPITAL	01:00	02/09	02:35:25 P	4G	XORE0012000H	CONTRAVE (WEIGHT LOSS)	20,900.00	0.00
27	M97000	GENERAL HOSPITAL	01:00	02/13	02:22:47 P	3A	XORE0012000H	CONTRAVE (WEIGHT LOSS)	20,900.00	0.00
49	M98000	THE CHEW	01:00	02/15	01:36:13 P	5D	XORE0012000H	CONTRAVE (WEIGHT LOSS)	19,200.00	0.00
9	M93800	THE VIEW	01:00	02/16	11:20:17 A	2C	XORE0012000H	CONTRAVE (WEIGHT LOSS)	18,200.00	0.00
10	M93800	THE VIEW	01:00	02/26	11:42:13 A	4D	XORE0012000H	CONTRAVE (WEIGHT LOSS)	18,100.00	0.00
40	M98000	THE CHEW	01:00	02/26	01:18:49 P	2B	XORE0012000H	CONTRAVE (WEIGHT LOSS)	19,200.00	0.00
11	M93800	THE VIEW	01:00	02/27	11:13:50 A	1B	XORE0012000H	CONTRAVE (WEIGHT LOSS)	18,100.00	0.00
41	M98000	THE CHEW	01:00	02/27	01:45:38 P	6A	XORE0012000H	CONTRAVE (WEIGHT LOSS)	19,200.00	0.00
12	M93800	THE VIEW	01:00	02/28	11:43:02 A	4F	XORE0012000H	CONTRAVE (WEIGHT LOSS)	18,100.00	0.00
SUB TOTAL									251,100.00	0.00
LESS AGENCY COMMISSION									37,665.00	0.00
NET AMOUNT									213,435.00	0.00

THIS IS TO CERTIFY THAT, AS OF THE DATE HEREOF, AND EXCEPT AS AGENCY HAS BEEN HERETOFORE ADVISED IN WRITING, THE DATA ON THIS INVOICE IS, ACCORDING TO OUR RECOR TRUE STATEMENT OF BROADCAST OR SERVICE SCHEDULED AND PERFORMED.

PAY THIS AMOUNT **213,435.00**

REPRINT



INVOICE DATE	INVOICE NUMBER
02/28/2018	NET-502748

ADVERTISER
OREXIGEN THERAPEUTICS, INC.

AMERICAN BROADCASTING COMPANY
P.O. BOX 10481
NEWARK, NEW JERSEY 07193-0481

AGENCY-ADVERTISER
MIDA-OREX

CONTRACT
18N408

IN ACCOUNT WITH
MIDAS EXCHANGE, THE
ATTN:MICHELLE YAKOB
498 SEVENTH AVENUE
NEW YORK, NY 10018

FOR: TV NETWORK PACKAGE

TERMS:
Payment shall be made so as to be received by us
no later than the 15th day of the month following
date of broadcast.

ITEM NO	PGM CODE	PROGRAM NAME	LEN	PLAY DATE	AIR TIME	POS	ADID NO	PRODUCT NAME	AMOUNT	OTHER CHARGES
18	N06000	AMERICA THIS MORNING	01:00	02/07	06:20:55 A	3D	XORE0012000H	CONTRAVE (WEIGHT LOSS)	11,100.00	0.00
9	9D3000	GOOD MORNING AMERICA	01:00	02/08	08:09:59 A	10F	XORE0012000H	CONTRAVE (WEIGHT LOSS)	66,800.00	0.00
10	9D3000	GOOD MORNING AMERICA	01:00	02/09	07:48:24 A	6G	XORE0012000H	CONTRAVE (WEIGHT LOSS)	66,800.00	0.00
11	9D3000	GOOD MORNING AMERICA	01:00	02/12	07:39:33 A	5H	XORE0012000H	CONTRAVE (WEIGHT LOSS)	66,800.00	0.00
12	9D3000	GOOD MORNING AMERICA	01:00	02/13	07:46:02 A	6D	XORE0012000H	CONTRAVE (WEIGHT LOSS)	66,800.00	0.00
22	N06000	AMERICA THIS MORNING	01:00	02/26	06:13:26 A	2D	XORE0012000H	CONTRAVE (WEIGHT LOSS)	0.00	0.00
13	9D3000	GOOD MORNING AMERICA	01:00	02/28	07:38:47 A	5G	XORE0012000H	CONTRAVE (WEIGHT LOSS)	66,800.00	0.00
23	9D3000	GOOD MORNING AMERICA	01:00	02/28	07:51:44 A	7E	XORE0012000H	CONTRAVE (WEIGHT LOSS)	0.00	0.00
SUB TOTAL									345,100.00	0.00
LESS AGENCY COMMISSION									51,765.00	0.00
NET AMOUNT									293,335.00	0.00

THIS IS TO CERTIFY THAT, AS OF THE DATE HEREOF, AND EXCEPT AS AGENCY HAS BEEN HERETOFORE ADVISED IN WRITING, THE DATA ON THIS INVOICE IS, ACCORDING TO OUR RECORDED TRUE STATEMENT OF BROADCAST OR SERVICE SCHEDULED AND PERFORMED.

PAY THIS AMOUNT **293,335.00**

REPRINT



INVOICE DATE	INVOICE NUMBER
03/31/2018	NET-503843

ADVERTISER
OREXIGEN THERAPEUTICS, INC.

AMERICAN BROADCASTING COMPANY
P.O. BOX 10481
NEWARK, NEW JERSEY 07193-0481

AGENCY-ADVERTISER
MIDA-OREX

CONTRACT
18M204

IN ACCOUNT WITH

MIDAS EXCHANGE, THE
ATTN:MICHELLE YAKOB
498 SEVENTH AVENUE
NEW YORK, NY 10018

FOR:

TV NETWORK PACKAGE

TERMS:
Payment shall be made so as to be received by us
no later than the 15th day of the month following
date of broadcast.

ITEM NO	PGM CODE	PROGRAM NAME	LEN	PLAY DATE	AIR TIME	POS	ADID NO	PRODUCT NAME	AMOUNT	OTHER CHARGES
29	M97000	GENERAL HOSPITAL	01:00	03/01	02:13:18 P	2A	XORE0012000H	CONTRAVE (WEIGHT LOSS)	20,900.00	0.00
42	M98000	THE CHEW	01:00	03/02	01:34:05 P	5A	XORE0012000H	CONTRAVE (WEIGHT LOSS)	19,200.00	0.00
43	M98000	THE CHEW	01:00	03/07	01:46:55 P	6D	XORE0012000H	CONTRAVE (WEIGHT LOSS)	17,600.00	0.00
13	M93800	THE VIEW	01:00	03/08	11:12:29 A	1B	XORE0012000H	CONTRAVE (WEIGHT LOSS)	15,900.00	0.00
44	M98000	THE CHEW	01:00	03/08	01:26:08 P	3C	XORE0012000H	CONTRAVE (WEIGHT LOSS)	17,600.00	0.00
14	M93800	THE VIEW	01:00	03/09	11:35:57 A	4E	XORE0012000H	CONTRAVE (WEIGHT LOSS)	15,900.00	0.00
30	M97000	GENERAL HOSPITAL	01:00	03/09	02:49:29 P	6A	XORE0012000H	CONTRAVE (WEIGHT LOSS)	19,800.00	0.00
15	M93800	THE VIEW	01:00	03/12	11:40:31 A	4C	XORE0012000H	CONTRAVE (WEIGHT LOSS)	15,900.00	0.00
31	M97000	GENERAL HOSPITAL	01:00	03/12	02:30:52 P	4A	XORE0012000H	CONTRAVE (WEIGHT LOSS)	19,800.00	0.00
SUB TOTAL									162,600.00	0.00
LESS AGENCY COMMISSION									24,390.00	0.00
NET AMOUNT									138,210.00	0.00

THIS IS TO CERTIFY THAT, AS OF THE DATE HEREOF, AND EXCEPT AS AGENCY HAS BEEN HERETOFORE ADVISED IN WRITING, THE DATA ON THIS INVOICE IS, ACCORDING TO OUR RECOF TRUE STATEMENT OF BROADCAST OR SERVICE SCHEDULED AND PERFORMED.

PAY THIS AMOUNT

138,210.00

REPRINT



INVOICE DATE 03/31/2018	INVOICE NUMBER NET-503852
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ADVERTISER
OREXIGEN THERAPEUTICS, INC.

AMERICAN BROADCASTING COMPANY
P.O. BOX 10481
NEWARK, NEW JERSEY 07193-0481

AGENCY-ADVERTISER
MIDA-OREX

CONTRACT
18N408

TERMS:
Payment shall be made so as to be received by us no later than the 15th day of the month following date of broadcast.

IN ACCOUNT WITH
MIDAS EXCHANGE, THE
ATTN:MICHELLE YAKOB
498 SEVENTH AVENUE
NEW YORK, NY 10018

FOR: TV NETWORK PACKAGE

ITEM NO	PGM CODE	PROGRAM NAME	LEN	PLAY DATE	AIR TIME	POS	ADID NO	PRODUCT NAME	AMOUNT	OTHER CHARGES
24	N06000	AMERICA THIS MORNING	01:00	03/02	06:20:00 A	3B	XORE0012000H	CONTRAVE (WEIGHT LOSS)	0.00	0.00
14	9D3000	GOOD MORNING AMERICA	01:00	03/08	07:37:32 A	5A	XORE0012000H	CONTRAVE (WEIGHT LOSS)	65,200.00	0.00

SUB TOTAL	65,200.00	0.00
LESS AGENCY COMMISSION	9,780.00	0.00
NET AMOUNT	55,420.00	0.00

THIS IS TO CERTIFY THAT, AS OF THE DATE HEREOF, AND EXCEPT AS AGENCY HAS BEEN HERETOFORE ADVISED IN WRITING, THE DATA ON THIS INVOICE IS, ACCORDING TO OUR RECOF TRUE STATEMENT OF BROADCAST OR SERVICE SCHEDULED AND PERFORMED.

PAY THIS AMOUNT 55,420.00

REPRINT