

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>Home and Garden Television</u> Name of the current creditor (the person or entity to be paid for this claim)	
	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? See summary page	Where should payments to the creditor be sent? (if different)
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	
	Contact phone <u>240-662-3998</u>	Contact phone _____
	Contact email <u>Leah_Montesano@discovery.com</u>	Contact email _____
	(see summary page for notice party information) Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
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: 7752 ____

7. How much is the claim? \$ 389,371.40. 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.
Media Purchases

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 06/14/2018
MM / DD / YYYY

/s/Mary L. Fullington
Signature

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

Name Mary L. Fullington
First name Middle name Last name

Title Attorney

Company Wyatt, Tarrant and Combs, LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 250 West Main Street, Suite 1600, Lexington, KY, 40507

Contact phone 859-233-2012 Email mfullington@wyattfirm.com



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: Home and Garden Television c/o Discovery, Inc., Attn: Leah Montesano One Discovery Place Silver Spring, MD, 20910 United States Phone: 240-662-3998 Phone 2: Fax: Email: Leah_Montesano@discovery.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded	
	Related Document Statement:	
	Has Related Claim: No	
	Related Claim Filed By:	
Filing Party: Authorized agent		
Disbursement/Notice Parties: Home and Garden Television c/o Wyatt, Tarrant and Combs, LLP, Attn: Mary L. Fullington Fullington 250 West Main Street, Suite 1600 Lexington, KY, 40507 Phone: 859-233-2012 Phone 2: Fax: 859-259-0649 E-mail: mfullington@wyattfirm.com		
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Media Purchases	Last 4 Digits: Yes - 7752	Uniform Claim Identifier:
Total Amount of Claim: 389,371.40	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No	Nature of Secured Amount:	
Amount of 503(b)(9): No	Value of Property:	
Based on Lease: No	Annual Interest Rate:	
Subject to Right of Setoff: No	Arrearage Amount:	
	Basis for Perfection:	
	Amount Unsecured:	
Submitted By: Mary L. Fullington on 14-Jun-2018 11:14:10 a.m. Eastern Time Title: Attorney Company: Wyatt, Tarrant and Combs, LLP		

Optional Signature Address:

Mary L. Fullington
250 West Main Street, Suite 1600

Lexington, KY, 40507

Telephone Number:

859-233-2012

Email:

mfullington@wyattfirm.com

HOME & GARDEN TELEVISION
 9721 SHERRILL BLVD
 KNOXVILLE, TN 37932
 Phone: (865) 560-4097 Fax: (865) 531-9938

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



ATTN ACCOUNTS PAYABLE
 MIDAS EXCHANGE, THE
 498 7TH AVENUE
 NEW YORK, NY 10018

Order Number	553154	Salesperson	Kristin Maclearie*	Invoice Number	1217-3502-1	Page	1 of 1
Advertiser	OREXIGEN THERAPEUTICS, INC	Order Class	National	Estimate Code	14	Broadcast Month	December 2017
Product	ADF-CONTRAVE	Order Type	Regular	Invoice Date			

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	12/25	12/31	3:00P - 6:00P	X	X	X	X				Early Fringe Rotation M-F 3-6p	12/27	WE	4:38:54 PM	1:00	XORE0012000H	\$7,212.00		
4	12/25	12/31	1:00P - 6:00P							X	Wkd Day Rotation Sa-Su 1-6p	12/31	SU	2:24:43 PM	1:00	XORE0012000H	\$14,140.00		
7	12/25	12/31	8:00P - 9:00P	X	X	X	X	X	X		Prime 1 Rotation M-Su 8-9p Mirrored	12/27	WE	8:34:11 PM	1:00	XORE0012000H	\$21,646.00		
												12/28	TH	8:24:13 PM	1:00	XORE0012000H	\$21,646.00		
11	12/25	12/31	3:00A - 4:00A	X	X	X	X	X	X		Prime 1 Rotation Mirror M-Su 3a-4a	12/27	WE	3:34:11 AM	1:00	XORE0012000H	\$0.00		
												12/28	TH	3:24:13 AM	1:00	XORE0012000H	\$0.00		

Contract Notes:
 Gross Billings: \$64,644.00
 Commission: -\$9,696.60 (15.00 %)
 Net Amount Due: \$54,947.40

Terms: NET 30 DAYS

Invoice Comment:

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.

Notwithstanding 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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ATTN ACCOUNTS PAYABLE
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 NEW YORK, NY 10018

Order Number	563072	Salesperson	Kristin Maclearie*	Invoice Number	118-1835-1	Page	1 of 2
Advertiser	OREXIGEN THERAPEUTICS, INC	Order Class	National	Estimate Code	19	Broadcast Month	January 2018
Product	ADF	Order Type	Regular			Invoice Date	1/28/2018

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	1/1	1/7	9:00A - 3:00P	X	X	X	X	X			Day Rotation M-F 9a-3p	1/3	WE	1:26:20 PM	1:00	XORE0012000H	\$4,468.00		
2	1/8	1/14	9:00A - 3:00P	X	X	X	X	X			Day Rotation M-F 9a-3p	1/9	TU	12:53:03 PM	1:00	XORE0012000H	\$4,468.00		
3	1/15	1/21	9:00A - 3:00P	X	X	X	X	X			Day Rotation M-F 9a-3p	1/17	WE	9:55:52 AM	1:00	XORE0012000H	\$4,468.00		
13	1/1	1/7	7:00A - 1:00P					X	X		Wkd Morning Rotation Sa-Su 7a-1p	1/6	SA	9:10:08 AM	1:00	XORE0012000H	\$12,088.00		
14	1/8	1/14	7:00A - 1:00P					X	X		Wkd Morning Rotation Sa-Su 7a-1p	1/13	SA	8:09:37 AM	1:00	XORE0012000H	\$12,088.00		
15	1/15	1/21	7:00A - 1:00P					X	X		Wkd Morning Rotation Sa-Su 7a-1p	1/20	SA	9:15:16 AM	1:00	XORE0012000H	\$12,088.00		
16	1/1	1/7	8:00P - 9:00P	X	X	X	X	X	X		Prime 1 Rotation M-Su 8-9p Mirrored	1/3	WE	8:34:33 PM	1:00	XORE0012000H	\$24,590.00		
17	1/8	1/14	8:00P - 9:00P	X	X	X	X	X	X		Prime 1 Rotation M-Su 8-9p Mirrored	1/8	MO	8:39:26 PM	1:00	XORE0012000H	\$24,590.00		
18	1/15	1/21	8:00P - 9:00P	X	X	X	X	X	X		Prime 1 Rotation M-Su 8-9p Mirrored	1/15	MO	8:39:24 PM	1:00	XORE0012000H	\$24,590.00		
26	1/1	1/7	3:00A - 4:00A	X	X	X	X	X	X		Prime 1 Rotation Mirror M-Su 3a-4a	1/3	WE	3:34:33 AM	1:00	XORE0012000H	\$0.00		
27	1/8	1/14	3:00A - 4:00A	X	X	X	X	X	X		Prime 1 Rotation Mirror M-Su 3a-4a	1/8	MO	3:39:26 AM	1:00	XORE0012000H	\$0.00		

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Order Number	Salesperson	Invoice Number	Page
563072	Kristin Maclearie*	118-1835-1	2 of 2
Advertiser	Order Class	Estimate Code	Broadcast Month
OREXIGEN THERAPEUTICS, INC	National	19	January 2018
Product	Order Type	Invoice Date	
ADF	Regular	1/28/2018	

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
28	1/15 3:00A - 4:00A	X X X X X X X	Prime 1 Rotation Mirror M-Su 3a-4a	1/15	MO 3:39:24 AM	1:00	XORE0012000H	\$0.00		

Contract Notes:

Gross Billings: \$123,438.00
Commission: -\$18,515.70 (15.00 %)
Net Amount Due: \$104,922.30

Invoice Comment:

Terms: NET 30 DAYS

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Order Number	563072	Salesperson	Kristin Maclearie*	Invoice Number	218-1748-1	Page	1 of 2
Advertiser	OREXIGEN THERAPEUTICS, INC	Order Class	:7752 National	Estimate Code	19	Broadcast Month	February 2018
Product	ADF	Order Type	Regular			Invoice Date	2/25/2018

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	1/29	2/4	9:00A - 3:00P	X	X	X	X	X			Day Rotation M-F 9a-3p	2/1	TH	11:42:41 AM	1:00	XORE0012000H	\$4,468.00		
5	2/12	2/18	9:00A - 3:00P	X	X	X	X	X			Day Rotation M-F 9a-3p	2/14	WE	12:29:58 PM	1:00	XORE0012000H	\$4,468.00		
11	2/12	2/18	1:00P - 6:00P						X	X	Wkd Day Rotation Sa-Su 1-6p	2/17	SA	3:08:50 PM	1:00	XORE0012000H	\$15,882.00		
19	1/29	2/4	8:00P - 9:00P	X	X	X	X	X	X		Prime 1 Rotation M-Su 8-9p Mirrored	1/31	WE	8:51:14 PM	1:00	XORE0012000H	\$24,590.00		
20	2/5	2/11	8:00P - 9:00P	X	X	X	X	X	X		Prime 1 Rotation M-Su 8-9p Mirrored	2/2	FR	8:26:15 PM	1:00	XORE0012000H	\$24,590.00		
22	2/5	2/11	9:00P - 12:00A	X	X	X	X	X	X		Prime 2 Rotation M-Su 9p-12a Mirrored	2/7	WE	8:27:31 PM	1:00	XORE0012000H	\$24,590.00		
23	2/12	2/18	9:00P - 12:00A	X	X	X	X	X	X		Prime 2 Rotation M-Su 9p-12a Mirrored	2/11	SU	11:17:14 PM	1:00	XORE0012000H	\$31,268.00		
29	1/29	2/4	3:00A - 4:00A	X	X	X	X	X	X		Prime 1 Rotation Mirror M-Su 3a-4a	2/17	SA	9:35:56 PM	1:00	XORE0012000H	\$31,268.00		
30	2/5	2/11	3:00A - 4:00A	X	X	X	X	X	X		Prime 1 Rotation Mirror M-Su 3a-4a	1/31	WE	3:51:14 AM	1:00	XORE0012000H	\$0.00		
32	2/5	2/11	12:00A - 3:00A	X	X	X	X	X	X		Prime 2 Rotation Mirror M-Su 12a-3a	2/2	FR	3:26:15 AM	1:00	XORE0012000H	\$0.00		
33	2/12	2/18	12:00A - 3:00A	X	X	X	X	X	X		Prime 2 Rotation Mirror M-Su 12a-3a	2/7	WE	3:27:31 AM	1:00	XORE0012000H	\$0.00		

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Order Number	Salesperson	Invoice Number	Page
563072	Kristin Maclearie*	218-1748-1	2 of 2
Advertiser	Order Class	Estimate Code	Broadcast Month
OREXIGEN THERAPEUTICS, INC	National	19	February 2018
Product	Order Type	Invoice Date	
ADF	Regular	2/25/2018	

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
			3a	2/17	SA 12:35:56 AM	1:00	XORE0012000H	\$0.00	

Contract Notes:

Invoice Comment:

Gross Billings: \$161,124.00
Commission: -\$24,168.60 (15.00 %)
Net Amount Due: \$136,955.40

Terms: NET 30 DAYS

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12.6.2018.0846

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 NEW YORK, NY 10018

Order Number	Salesperson	Invoice Number	Page
563072	Kristin Maclearie*	318-3351-2	1 of 2
Advertiser	Order Class	Estimate Code	Broadcast Month
OREXIGEN THERAPEUTICS, INC	7752 National	19	March 2018
Product	Order Type	Original Date	Invoice Date
ADF	Regular	4/1/2018	6/6/2018

Note:

		Schedule				Actual Broadcast				Reconciliation								
L#	Start	End	Time	M	T	W	T	F	S	Program	Date	Day	Time	Len	Copy#	Cost	Remarks	DB/CR
6	2/26	3/4	9:00A - 3:00P	X	X	X	X	X	X	Day Rotation M-F 9a-3p	2/26	MO	12:38:17 PM	1:00	XORE0012000H	\$4,468.00		
7	3/5	3/11	3:00P - 6:00P	X	X	X	X	X	X	Early Fringe Rotation M-F 3-6p	3/8	TH	4:36:48 PM	1:00	XORE0012000H	\$8,312.00		
8	3/12	3/18	3:00P - 6:00P	X	X	X	X	X	X	Early Fringe Rotation M-F 3-6p	3/12	MO	4:26:36 PM	1:00	XORE0012000H	\$8,312.00		
9	3/5	3/11	6:00P - 8:00P	X	X	X	X	X	X	Prime Access M-Su 6-8p	3/5	MO	6:08:50 PM	1:00	XORE0012000H	\$16,046.00		
12	2/26	3/4	1:00P - 6:00P	X	X	X	X	X	X	Wkd Day Rotation Sa-Su 1-6p	3/3	SA	3:45:03 PM	1:00	XORE0012000H	\$15,882.00		
21	2/26	3/4	8:00P - 9:00P	X	X	X	X	X	X	Prime 1 Rotation M-Su 8-9p Mirrored	2/28	WE	8:26:57 PM	1:00	XORE0012000H	\$24,590.00		
24	3/5	3/11	9:00P - 12:00A	X	X	X	X	X	X	Prime 2 Rotation M-Su 9p-12a Mirrored	3/10	SA	9:52:58 PM	1:00	XORE0012000H	\$31,268.00		
31	2/26	3/4	3:00A - 4:00A	X	X	X	X	X	X	Prime 1 Rotation Mirror M-Su 3a-4a	2/28	WE	3:26:57 AM	1:00	XORE0012000H	\$0.00		
34	3/5	3/11	12:00A - 3:00A	X	X	X	X	X	X	Prime 2 Rotation Mirror M-Su 12a-3a	3/10	SA	12:52:58 AM	1:00	XORE0012000H	\$0.00		

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Order Number	Salesperson	Invoice Number	Page
563072	Kristin Maclearie*	318-3351-2	2 of 2
Advertiser	Order Class	Estimate Code	Broadcast Month
OREXIGEN THERAPEUTICS, INC	National	19	March 2018
Product	Order Type	Original Date	Invoice Date
ADF	Regular	4/1/2018	6/6/2018

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
THIS SPACE INTENTIONALLY LEFT BLANK										

Contract Notes:

Invoice Comment:

Gross Billings: \$108,878.00
Commission: -\$16,331.70 (15.00 %)
Net Amount Due: \$92,546.30

Terms: NET 30 DAYS

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