

EXHIBIT B

AFTRA TELEVISION RECORDED COMMERCIALS CONTRACT

AFTRA HEALTH & RETIREMENT FUNDS CONTRIBUTION REPORT PRODUCTION AND USE REPORT

SEE IMPORTANT INSTRUCTIONS ON BACK OF FORM

COMPLETE ALL APPLICABLE AREAS

Page ____ of ____ Pages

H&R Account Number:		Payroll Period:		Report/Payment Date:	
Reporting Company Address & Telephone:			Advertiser/Parent Company:		
Print Name & Title of Person Completing Form:			Advertising Agency:		
Signature:			Production Company:		
Commercial ID/Title:	Length (in seconds):	Original Session Dates(s):		First Air Date:	
Lift ID/Title:	Length (in seconds):	CYCLE DATES:			
If new ID, indicate last reported ID:			REPORT TYPE: <input type="checkbox"/> SESSION <input type="checkbox"/> HOLDING <input type="checkbox"/> USE <input type="checkbox"/> 8-wk. Cycle <input type="checkbox"/> CREDIT (Clarify in Comments) <input type="checkbox"/> OTHER (Specify in Comments)		
			<input type="checkbox"/> Check here if Spanish Language		

TYPE	PROGRAM <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> With NY <input type="checkbox"/> Class C	DEALER <input type="checkbox"/> Type A <input type="checkbox"/> With NY <input type="checkbox"/> Type B <input type="checkbox"/> With NY	<input type="checkbox"/> MADE FOR CABLE <input type="checkbox"/> Cable Max. (2000 units) <input type="checkbox"/> If less, total Units: ____ <input type="checkbox"/> FM BROADCAST	FOREIGN <input type="checkbox"/> Europe <input type="checkbox"/> Japan <input type="checkbox"/> United Kingdom <input type="checkbox"/> Asia/Pacific <input type="checkbox"/> Rest-of-World	<input type="checkbox"/> INDUSTRIAL / THEATRICAL EXHIBITION <input type="checkbox"/> MADE FOR INTERNET <input type="checkbox"/> MADE FOR NEW MEDIA <input type="checkbox"/> INTERNET MOVEOVER <input type="checkbox"/> NEW MEDIA MOVEOVER <input type="checkbox"/> Other (Specify Below)	SPANISH LANGUAGE <input type="checkbox"/> Program <input type="checkbox"/> Spot Total Spot Units: ____ <input type="checkbox"/> South/Central Amer./Mexico <input type="checkbox"/> Caribbean/Puerto Rico
	OFF USE W I L D S P O T	<input type="checkbox"/> NEW YORK <input type="checkbox"/> LOS ANGELES <input type="checkbox"/> CHICAGO <input type="checkbox"/> Atlanta <input type="checkbox"/> Baltimore <input type="checkbox"/> Birmingham, AL. <input type="checkbox"/> Boston <input type="checkbox"/> Charlotte <input type="checkbox"/> Cincinnati <input type="checkbox"/> Cleveland <input type="checkbox"/> Columbus, OH <input type="checkbox"/> Dallas-Ft. Worth <input type="checkbox"/> Denver <input type="checkbox"/> Detroit <input type="checkbox"/> Grand Rapids/	Kalamazoo/Battle Creek <input type="checkbox"/> Greenville-Spart'burg <input type="checkbox"/> Asheville-Anderson <input type="checkbox"/> Harrison/Lancaster/Lebanon/York, PA. <input type="checkbox"/> Hartford-New Haven <input type="checkbox"/> Houston <input type="checkbox"/> Indianapolis <input type="checkbox"/> Kansas City <input type="checkbox"/> Miami <input type="checkbox"/> Milwaukee <input type="checkbox"/> Minneapolis-St. Paul <input type="checkbox"/> Nashville <input type="checkbox"/> Norfolk/Portsmouth/	Newport News, VA. <input type="checkbox"/> Orlando <input type="checkbox"/> Philadelphia <input type="checkbox"/> Phoenix <input type="checkbox"/> Pittsburgh <input type="checkbox"/> Portland, OR <input type="checkbox"/> Raleigh-Durham <input type="checkbox"/> Sacramento/Stockton <input type="checkbox"/> Salt Lake City <input type="checkbox"/> St. Louis <input type="checkbox"/> San Antonio <input type="checkbox"/> San Diego <input type="checkbox"/> San Francisco <input type="checkbox"/> Seattle-Tacoma	<input type="checkbox"/> Tampa-St. Petersburg <input type="checkbox"/> Washington, DC <input type="checkbox"/> West Palm Beach/Ft. Pierce <input type="checkbox"/> Mexico City <input type="checkbox"/> Montreal <input type="checkbox"/> Puerto Rico <input type="checkbox"/> Toronto <input type="checkbox"/> Vancouver, BC # of additional cities: _____ TOTAL SPOT UNITS: _____	CONTRIBUTION (a) GROSS PAYMENT (Sum of Column I, all pages) \$ _____ (b) Contribution Computation Make checks payable to: AFTRA H&R FUNDS Apply % indicated if Commercial produced on or after: 10/30/06 - 14.8% \$ _____ 10/30/03 - 14.3% \$ _____ 10/30/00 - 13.3% \$ _____ 2/7/94 - 12.65% \$ _____ 2/7/92 - 12.5% \$ _____ (c) TOTAL CONTRIBUTION \$ _____

CLASS A USE DETAIL List additional uses in Comments or on a separate report. 13 Use Guarantee Applied						In L / D column mark uses of "Included Lift" with "L," mark uses to which "Discount" applies with "D." Note any separate Use Number sequence for uses of 10-/15-second version in Comments below.					
Use #	L / D	Date	Program	Use #	L / D	Date	Program	Use #	L / D	Date	Program

COMMENTS

REPORT DETAILS	(B)			Fill in when reporting Session Fee					(H)	(I)
(A) Social Security Number	PERFORMER'S NAME			(C) Category	(D) Camera On Off	(E) # of Com'ls	(F) Date(s) Worked	(G) Hours From To	If Upgrade, enter amount already paid for cycle	GROSS PAYMENT
	Last	First	Initial							

Enter symbol in Col. (C) - Category	P	Principal Performer	SS	Singer Solo or Duo	S6	Singer Group 6-8	ST	Stunt Performer	DS	Dancer Solo or Duo	D6	Dancer Group 6-8
			SC	Singer Contractor	S9	Singer Group 9 or more	PIL	Pilot	DC	Dancer Contractor	D9	Dancer Group 9 or more
	E	Extra	S3	Singer Group 3-5	SE	Sound Effects Performer	PUP	Puppeteer	D3	Dancer Group 3-5	HM	Hand Model
CV	Character Voice											

AFTRA TELEVISION RECORDED COMMERCIALS CONTRACT

AFTRA HEALTH & RETIREMENT FUNDS CONTRIBUTION REPORT PRODUCTION AND USE REPORT

IMPORTANT INSTRUCTIONS

1. Use this form for Production, Use and Reuse, or Editing reporting as well as AFTRA Health and Retirement Contributions reporting.
2. Make H&R checks payable to AFTRA Health and Retirement Funds and send with a copy of this form to AFTRA Health and Retirement Funds, [Post Office Box 13673, Newark, New Jersey, 07188-3673](#). Send Talent Payment checks with a copy of this report to your local AFTRA office and retain a copy. For inquiries to AFTRA H&R Funds, call 1-800-562-4690 or 212-499-4800.
3. The filing by Producer of this report shall be deemed an acceptance by Producer of the Health and Retirement Funds provisions of the applicable collective bargaining contract of AFTRA and an agreement by Producer to be bound thereby and by the AFTRA Health and Retirement Funds established thereunder.

OFFICES OF THE AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS ARE LOCATED AT:

ATLANTA LOCAL

455 E. Paces Ferry Rd., NE, #334
Atlanta, GA 30305-3320
(404) 239-0131

KANSAS CITY LOCAL

4000 Baltimore Ave., 2nd Floor
Kansas City, MO 64111-7417
(816) 753-4557

PORTLAND LOCAL

1125 SE Madison, Suite #204
Portland, OR 97214
(503) 279-9600

BOSTON LOCAL

535 Boylston St.
Boston, MA 02116
(617) 262-8001

LOS ANGELES LOCAL

5757 Wilshire Blvd., 9th Floor
Los Angeles, CA 90036-3689
(323) 634-8100

SAN DIEGO LOCAL

For information call the Los Angeles
Local 323-634-8100

CHICAGO LOCAL

1 E. Erie St., #650
Chicago, IL 60611-2737
(312) 573-8081

MIAMI LOCAL

2750 N. 29th Avenue #200N
Hollywood, FL 33020
(954) 920-2476

SAN FRANCISCO LOCAL

350 Sansome Street, Suite 900
San Francisco, CA 94104-9827
(415) 391-7510

CLEVELAND LOCAL

1468 West 9th Street, Suite #720
Cleveland, OH 44113
(216) 781-2255

NASHVILLE LOCAL

1108 17th Ave. S.
Nashville, TN 37212-2204
(615) 327-2944

SEATTLE LOCAL

4000 Aurora Avenue North #102
Seattle, WA 98103-7853
(206) 282-2506

DALLAS / FORT WORTH LOCAL

6060 North Central Expressway, #302, LB 604
Dallas, TX 75206-5293
(214) 363-8300

NEW ORLEANS LOCAL

(see Miami Local)
800-330-2387 (toll free members)

ST. LOUIS LOCAL

1310 Papin St., #103
St. Louis, MO 63103-3131
(314) 231-8410

DENVER LOCAL

1400 16th St., #400
Denver, CO 80202
(720) 932-8193

NEW YORK LOCAL

260 Madison Ave., 7th Floor
New York, NY 10016-2401
(212) 532-0800

TRI-STATE LOCAL *

920-A Race Street
Cincinnati, OH 45202
(513) 579-8668

DETROIT LOCAL

23800 West Ten Mile Road, Suite #228
Southfield, MI 48034
(248) 228-3171

PHILADELPHIA LOCAL

230 S. Broad St., #500
Philadelphia, PA 19102-4121
(215) 732-0507

TWIN CITIES LOCAL

708 N. First St. #333 Itasca Bldg.
Minneapolis, MN 55401-1133
(612) 371-9120

HAWAII LOCAL

For information call
323-634-8100
866-634-8100 (toll free for members only)

PHOENIX LOCAL

245 W. Roosevelt Street, Suite B
Phoenix, AZ 85003
(602) 265-2713

WASHINGTON / BALTIMORE LOCAL

4340 East West Highway, #204
Bethesda, MD 20814-4411
(301) 657-2560

HOUSTON LOCAL

For information call
Dallas Local (214) 363-8300
800-*922-3872 (toll free for members only)

PITTSBURGH LOCAL

625 Stanwix St., The Penthouse
Pittsburgh, PA 15222-1417
(412) 281-6767

* Tri-State Local includes:
Cincinnati, Columbus, and Dayton, OH;
Indianapolis, IN; Louisville, KY

AFTRA Health & Retirement Funds Contribution Report forms may be obtained from the AFTRA Health & Retirement Funds offices below:

261 Madison Ave., 8th Floor
New York, NY 10016
(212) 499-4800 (800) 562-4690

5757 Wilshire Blvd., #372
Los Angeles, CA 90036-3683
(800) 367-7966