

Dead Doctors Don't Lie: The Talk Radio Program

Station Affiliate License Agreement

Agreement made this ____ day of _____, 20__ by and between _____ ("Station") and ZBS Radio Associates ("Syndicator") for Syndicator to grant Station the right to broadcast "Dead Doctors Don't Lie: The Talk Radio Program" with Dr. Joel Wallach, DVM, ND under the following terms and conditions:

1. **Qualification:** Station warrants that it has signed up as a distributor for American Longevity, Dr. Wallach's health and mineral supplement network marketing company, with ZBS/_____, ID#_____ listed as immediate upline sponsor. Station's Federal Taxpayer ID # is _____, and Station's American Longevity ID Number is _____. Station shall furnish Syndicator with written certification of acceptable Station distributor status from American Longevity. Said written certification shall be provided prior to commencement of broadcasting of Program by Station, and be made part of this license agreement in order for this license to become and remain valid.

2. **Regular Compensation:** Program shall be provided to Station by Syndicator on a barter (i.e., non-cash) basis. Syndicator shall reserve six minutes of each program hour for national avails which shall be broadcast in full and without charge by Station. Station shall retain an additional six minutes of each program hour for insertion of local avails, some of which shall be used by Station to insert local response numbers; the balance may be sold by Station to advertisers to promote non-conflicting products or services. Under no circumstances shall Station be allowed to earn revenue from sales of advertising within or adjacent to Program to any network marketing organization or health supplement product company other than American Longevity without express written permission from Syndicator.

3. **Bonus (Commission) Compensation:** As an American Longevity products distributor in the ZBS Radio Associates' downline, Station shall earn commissions on bonus volume based on sales of American Longevity Products under the standard American Longevity Compensation Plan. Sales of books, audio/video tapes and other sales tools and aids are not commissionable to Station unless Station chooses to stock and ship such sales aids. Bonus Compensation checks will be issued and mailed to station on a monthly basis. The only requirement for Station to qualify for monthly Commission Compensation is to purchase either \$100, \$200, or \$300 per month of American Longevity products (to be determined and paid by Station's closest ZBS-licensed upline sponsor so as to maximize Station's monthly commission checks). Station understands and acknowledges that Syndicator has no control over and shall not be responsible for any change in American Longevity Compensation Plan.

4. **Responsibility:** Station shall be responsible for broadcasting Program in its entirety at the specified local time of _____. Station shall furnish and maintain all equipment necessary to receive Program via Satcom C5 Digital Satellite transmission. Syndicator shall not be responsible for any failure to deliver program to Station for any reason. Station understands and acknowledges that in the event Program is cancelled, this agreement shall automatically terminate and that neither Station nor Syndicator shall have any further obligations to each other.

5. **Term and Cancellation:** The term of this Agreement shall be for one year from the date of its execution, and may be cancelled at any time for any reason by either Station or Syndicator by giving ninety day written notice of cancellation to the other party. This agreement shall automatically renew on each anniversary of its effective date for successive one year terms absent written notification of cancellation as set forth above.

AGREED AND ACCEPTED:

STATION

DATE

SYNDICATOR

DATE

*Please Provide Information Required On Attached Station Data Form
When completed please fax back along with station program schedule and coverage map to 831 477-1071*

**Dead Doctors Don't Lie: The Talk Radio Program
Affiliate Station Information Form**

Station Call Letters _____ Band _____

Dial Position _____ Market Size (Population) _____

Market Name _____

Market Rank (Metro) _____ Power _____

Station Address _____

City/State/Zip _____

Voice Phone _____ Fax Phone _____

Format _____

Position Statement _____

General Manager Name _____

Operations Contact Person _____

GM Direct Phone _____

Parent Company (Licensee) _____

Parent Company Address/Phone _____

Parent Company Chief Executive Officer Name/Phone/Fax:

Upline Sponsor Name/ID#/Phone# _____

Call Center Phone#(s) Inserted Into Local Breaks _____

Start Date _____ Days & Times Program Airs _____