EXHIBIT B

SAG-AFTRA

SAG-AFTRA AUDIO COMMERCIALS CONTRACT ■ H&R REMITTANCE REPORT ■ PRODUCTION REPORT

IMPORTANT INSTRUCTIONS
1. Use this form for Production, Use and Reuse, or Editing Reporting.
2. Make 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 checks with a copy of this report to your local SAG-AFTRA office and retain a copy. For inquiries to AFTRA H&R, 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 & Retirement Funds provisions of the applicable collective bargaining contract of SAG-AFTRA and an agreement by Producer to be bound thereby and by the Health & Retirement Funds thereafter.

HEALTH AND RETIREMENT

Reporting Co. _____

_____

Address _____

_____

Account No. _____ Date _____

This sheet is _____ of _____ pages.

a) Total Gross Payment (sum of column H all pages) $_____

b) Contribution: _____% $_____

_____% $_____

c) Total Contribution _____% $_____

Make checks payable to:

AFTRA HEALTH AND RETIREMENT FUNDS

Product _____

Advertiser _____

Recording Studio _____

City _____

Recording Date(s) _____

Advertising Agency _____

City _____

Producer _____

First Air Date(s) _____

Enter Category Symbol in Column (C)			
A	Actor, Actress	S6	Singer Group 6-8
ANN	Announcer	S9	Singer Group 9 or more
S	Singer Solo or Duo	C	Contractor
S3	Singer Group 3-5	SE	Sound Effects Performer

TYPE OF USE	DATES OF CYCLE	CYCLE WEEKS				NY	CHI	LA	# Units Weighted Cities	# Units Non-weighted Cities	NO. OF USES	
		1	4	8	13						26	39
Wild Spot or Local Program												
Network Program												
Regional Network Program												
Dealer (26 weeks)												
Dealer (8 weeks)												
Foreign (18 months)												
			4	8	52							
Internet												
New Media												
Special Comments:												

(A) Social Security Account Number	(B) PERFORMER'S NAME Last	First	Initial	(C) Cate-gory	Fill in when reporting Session Fee (D) No. of Com'ls	(E) Date(s) Worked	(F) Hours From	To	(G) If an Upgrade, insert amount already paid for cycle	(H) GROSS PAYMENT	(I) CHECK IF MULTI-SERVICES CONTRACT