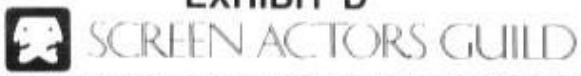
EXHIBIT D*



MEMBER-CONTRACTOR STANDARD REPORT FORM
TELEVISION COMMERCIALS

EMPLOYER: _____

Signature of Employer or Employer Representative: _____

SAG Reporter: _____

SAG Reporter's Phone Number: _____ Date: _____

It is the responsibility of the reporting member to file the white copy of this report with Screen Actors Guild within 48 hours of each session, and to deliver the pink copy to the employer or employer's representative at the conclusion of each session. If there is a contractor, he shall assume these responsibilities with respect to each session. (*See Section 51)

KEY TO TYPE OF PERFORMANCE

P	— Principal Performer	D-3	— Group Dancers
SC	— Singers Contractor	Pup	— Puppeteer
DC	— Dancers Contractor	S-6	— Group Singers
ST	— Stunt Performer	D-6	— Group Dancers
DS	— Dancer Soloist-Duo	Pil	— Pilot
SS	— Singer Soloist-Duo	S-9	— Group Singers
S-3	— Group Singers	D-9	— Group Dancers

The only reason for requesting information on ethnicity, sex, age, and disability is for the talent unions to monitor applicant flow. The furnishing of such information is on a VOLUNTARY basis. The Producer's signature on this form shall not constitute a verification of the information supplied by performers.

(1) SEX — Male - M, Female - F
(2) AGE — 40 & Over - +
Under 40 & Over - -
(3) ETH — Asian / Pacific — AP
Black — B
Caucasian — C
Latino / Hispanic — LH
Native American — I

Date of Engagement: _____ Studio Facility: _____ Address: _____

Advertising Agency: _____ Address: _____ Tel. No: _____

Producer (If other than Agency): _____ Address: _____ Tel. No.: _____

Advertiser: _____ Product: _____ Production Fees to Be Paid By: _____

Type of Commercial: Dealer ☐ Seasonal ☐ Regular ☐ Test Market ☐ Non-Air ☐
Wildspot ☐ Class A Program ☐ Foreign ☐ Theatrical/Industrial ☐

Commercial Titles: _____

Performer's Name and Social Security Number	Performer To Initial	Type of Perf.		No. of Coml's	Hours Employed								Wardrobe Furnished By Player		Performer's Total Comp.	CHECK APPROPRIATE COLUMNS									Check If Disabled
					Studio Time		Travel Time		Meal Period		Wardrobe, Makeup, Other					Sex (1)		Age (2)		Ethnicity (3)					
		On Cam.	Off Cam.		From	To	From	To	From	To	From	To	Yes	No		M	F	+ 40	- 40	AP	B	C	LH	I	

The information contained in this Report Form is obtained from the contract or contracts, oral or written, which the undersigned employer has entered into with the members of Screen Actors Guild whose names are listed hereon.

This engagement shall be governed by and be subject to the applicable terms of the SAG Commercials Contract.

The undersigned certifies that the foregoing information is true.

Group Singers: Multi-tracking or sweetening: Yes ☐ No ☐
Solo / Duo Multi-tracking: Yes ☐ No ☐
Sweetening: Yes ☐ # tracks: _____ No ☐

_____
Employer or Representative of Employer

NOTES: _____

PRODUCER BY _____

ORIGINAL (WHITE) — TO SAG
COPY 1 (PINK) — TO EMPLOYER
COPY 2 (YELLOW) — REPORTING MEMBER RETAINS

Ex-D 9/92