This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	8-23-22	S ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YYY Period 1 = January 1 - June 30	' Y/(Period)) Period 2 = July 1 - December 31	
	1		

		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		FT RANDALL CABLE SYSTEMS INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1104 19TH AVE SW #B (Number, street, rural route, apartment, or suite number)
		WILLMAR, MN 56201 (City, town, state, zip)
-	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
	·	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:					
Name	FT RANDALL CABLE SYSTEMS INC	2718 [,]					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified						
Area	Note: Entities and properties such as hotels, apartments, condominiums, c city.	or mobile home parks should be reported in parentheses below the identifie					
Served	uty.						
	CITY OR TOWN	STATE					
First Community	ECHO	MN					
-							
ld Rows as Necessary							

									1-2E. PAGE	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							SYS	TEM ID 2718	
	FT RANDALL CABLE SYSTEMS INC									
_	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRI	BERS AND RA	TES					
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Secondary Transmission	(81	, , ,	,		,		those exis	ting on the		
Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble system	n broken		
scribers and		•								
Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged									
	separately for the particular serv									
	Rate: Give the standard rate c	-	-	•				-		
	unit in which it is generally billed category, but do not include disc	· · ·	,		ny standa	rd rate variation	is within a	particular rate		
	Block 1: In the left-hand block				ries of sec	ondarv transmi	ssion servi	ice that cable		
	systems most commonly provide	•		Ű		•				
	that applies to your system. Not	e: Where an in	dividual	l or organization	n is receiv	ing service that	falls unde	r different		
	categories, that person or entity					•••	•			
	subscriber who pays extra for ca					l in the count u	nder "Servi	ice to the		
	first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those									
	printed in block 1 (for example, t	•								
	with the number of subscribers a									
	sufficient.									
	BLC	BLOCK 1					BLOC		-	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SE		NO. OF SUBSCRIBERS	RATI	
	Residential:	SUBSCRIB	EKS	NATE	CAT	LOOKT OF 3E	NICE	SUBSCRIBERS	NAT	
			18	95.45						
	Service to first set		10	95.45						
	• Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6					
F	In General: Space F calls for rat	te (not subscril	ber) info	rmation with re	spect to a	ll your cable sy	stem's serv	vices that were		
F	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		υ.	,		
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		actually	billou. If any re				rogram baolo,		
ransmissions:	Block 1: Give the standard rat									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.									
	brief (two- or three-word) descrip	and includ	the the ra	ate for each.			1			
		BLO						BLOCK 2	-	
	CATEGORY OF SERVICE	RATE		SORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:			ation: Non-res	idential					
	• Pay cable	10.95		tel, hotel						
	 Pay cable—add'l channel 	12.00		mmercial						
	Fire protection			/ cable						
	 Burglar protection 			/ cable-add'l ch	annel					
	Installation: Residential			e protection						
	• First set	20.00	• Bur	glar protection						
	 Additional set(s) 		Other s	services:						
	• FM radio (if separate rate)		• Red	connect		20.00				
	Converter		• Dis	connect		N/A				
			• Out	tlet relocation		20.00				
			• Mo	ve to new addr	ess	20.00				

nting Period: 2	2022/1			FOF	RM SA1-2E. PAGE 3		
Name	LEGAL NAME OF OWNER O				SYSTEM ID# 27181		
	FT RANDALL CABLE SYSTEMS INC						
G Primary Insmitters: elevision	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do not list the station here station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast). For the meaning of these to Column 4: Give the location	TELEVISION entify every television station (including tr m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. s: With respect to any distant stations can ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pri d with a station according to its over-the-	(1) stations carried only on a part-til e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instructi rogram services such as HBO, ESF air designation. For example, repo- rision station for broadcasting over tation, an independent station, or a for network multicast), "I" (for indepen- r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	me basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF S	TATION		
	K56EL	56	Е	REDWOOD FALLS, MN			
	K622A	62	N	REDWOOD FALLS, MN			
Necessary	KRWF	27	N	REDWOOD FALLS, MN			
	K60BB	60	N	REDWOOD FALLS, MN			
	K68BV	68	N	REDWOOD FALLS, MN			
	K19CV	19	N	REDWOOD FALLS, MN			
	K28II	25	I	REDWOOD FALLS, MN			
	KELO	11	Ν	SIOUX FALLS, SD			
	кисм	10.4	E	APPLETON, MN			
	KWCM	10.2	Е	APPLETON, MN			
	KEYL	12.1	N	MANKATO, MN			
	KEYL	12.2	Ν	MANKATO, MN			

EGAL NAME OF								SYSTEM II
								271
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.							н	
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to ormation abou m. entify the call tate whether t the radio stati this by placing	y the sys be receint t the Co sign of e he static ion's sign g a check	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on the each station carried. In is AM or FM. nal was electronically processor k mark in the "S/D" column.	the system's he system's FM ante his point, see pag ed by the cable s	adend, and (2 nna, during ce ge (v) of the ge ystem as a se) it can t ertain sta eneral ir parate a	be expected, ated intervals. astructions in the.	Primary Transmitters Radio
			on (the community to which th the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						L		

Accounting Perio	d: 2022/1					FOI	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	FT RANDALL CABLE S	SYSTEMS	INC				27181
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOO	3		
	In General: In space I, identi substitute basis during the ad						
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of th	e general instr	uctions in the paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TUTE CARRIAGE			
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork television progra	
Program Log	broadcast by a distant stat	tion?				YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust complete the progra	
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst clear. If you need more spa				wherever pos	ssible, if their meaning	IS
	Column 1: Give the title				program") that	at, during the accountin	q
	period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progra	m titles, for ex	ample, "I Love Lucy" o	r
	Column 2: If the program	n was broad					
	Column 3: Give the call						
	Column 4: Give the broat the case of Mexican or Can						
	Column 5: Give the mor						onth
	first. Example: for May 7 giv						
	Column 6: State the time						ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program cam	ed by a system from 6.01	: 15 p.m. to 6:2	28.30 p.m. should be	
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progr	amming that y	/our system was <i>requir</i>	ed
	to delete under FCC rules a						Iram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete und	er FCC rules a	and regulations in	
					WHE	EN SUBSTITUTE	
			E PROGRAM			IAGE OCCURRED 6. TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM — TO	
							
					-		
					-		
						_	
						_	
						_	
						_	
						_	
					-		
					-		
		+					

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	S	YSTEM ID# 27181
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	9,916.51 pss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	is six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informati		nts!

Accounting Period:	d: 2022/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	SYSTEM ID# 27181
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	12 42
N Individual to Be Contacted		
for Further Information	Name KRISTI HILBRANDS Telephone 320-847-7 Address 1104 19TH AVE SW, SUITE B (Number, street, rural route, apartment, or suite number) Image: Comparison of the supervision of the supervisio	'104
	WILLMAR, MN 56201 (City, town, state, zip) Email kristih@hcinet.net Fax (optional 320-847-7123	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) X (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	
	X /s/ Bruce Hanson Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: BRUCE HANSON Title: TREASURER (Title of official position held in corporation or partnership)	
	Date: 08/23/2022	

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unting Period: 2022/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
RANDALL CABLE SYSTEMS INC	2718
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	-
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	<u>v</u>
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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C	Cable Worksheet	Total amount of remittance	Initials	
		Date of remittance		□FILING FEES
Cable ID #				Amount Initials
Examined by	Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period				
	□ January 1 - June 30, 2017]July 1 - December 31, 2017	
			Information received	
			Phone call/Date/Contact	
Space B Owner				
	Letter sent		Information received	
			Phone call/Date/Contact	
Space D Area Served				
	Letter sent		Information received	
	Accepted		Phone call/Date/Contact	
Space E Secondary Transission				
Service Subscribers:	Letter sent		Information received	
and Rates	Accepted]Phone call/Date/Contact	
Space G Primary Transmitters:				
Television	Letter sent		Information received	
	Accepted		Phone call/Date/Contact	
Space H Primary Transmitters:				
Radio			Phone call/Date/Contact	

		Space I Substitute Carriage
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑Letter sent	□Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	□Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□Info/add'I fee received	
Accepted	Phone call/Date/Contact	