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

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

STATEMENT OF ACCO	UNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

 DATE RECEIVED
 AMOUNT

 8-25-22
 \$

 ALLOCATION NUMBER

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2022/1 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
		City of Highland, an Illinois Municipal Corporation
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Highland Communication Services
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1115 Broadway, PO Box 218 (Number, street, rural route, apartment, or suite number)
		Highland, Illinois 62249 (City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
•	names	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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	City of Highland, an Illinois Municipal Corporation	63471						
D	Instructions: List each separate community served by the cable system. A "com separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings.	I communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo city.	obile home parks should be reported in parentheses below the identified						
Control								
	CITY OR TOWN	STATE						
First ommunity	Highland	IL						
innenity								
s as Necessary								

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM			LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name		llinois Municipal Corporation							6347						
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable							
_	system, that is, the retransmission			-		•									
Secondary	about other services (including p						those exis	ting on the							
Transmission	last day of the accounting period Number of Subscribers: Both						hlo svetor	brokon							
Service: Sub- 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 service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the														
	unit in which it is generally billed	-	-	•				-							
	category, but do not include disc				ny stanuai		s wiu iir a								
	Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ice that cable							
	systems most commonly provide														
	that applies to your system. Not			•		•									
	,	categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the													
	subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."														
	Block 2: If your cable system	•													
	printed in block 1 (for example, t with the number of subscribers a														
	sufficient.		ngin												
	BLC	DCK 1					BLOCH								
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	PS	RATE	САТЕ	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT						
	Residential:	SOBSCITIBL	.110		OAT		(VIOL	GODOCINDENG	104						
	Service to first set		112	33.99											
	 Service to additional set(s) 														
	• FM radio (if separate rate)														
	Motel, hotel														
	Commercial		23	33.99											
	Converter														
	Residential														
	Non-residential														
	SERVICES OTHER THAN SEC				2				•						
-	In General: Space F calls for rate				-	l your cable sys	stem's serv	vices that were							
F	not covered in space E, that is, t					,	,								
Services	service for a single fee. There an furnished at cost or (2) services	•			•		υ.	,							
Other Than	amount of the charge and the ur														
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-							
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.														
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) descrip														
		BLOC	`K 1					BLOCK 2							
	CATEGORY OF SERVICE			ORY OF SER	RVICE RATE		CATEG	ORY OF SERVICE	RAT						
	Continuing Services:			tion: Non-res											
	• Pay cable		• Mot	tel, hotel											
	• Pay cable—add'l channel		• Cor	nmercial											
	Fire protection		• Pay	v cable											
	•Burglar protection		• Pay	v cable-add'l ch	annel										
	Installation: Residential		• Fire	e protection											
	• First set		• Bur	glar protection											
	 Additional set(s) 		Other s	services:											
	• FM radio (if separate rate)		• Red	connect											
	Converter		• Dis	connect											
	1		0												
			• Out	let relocation											

	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTE						
Name	City of Highland, an Illinois Municipal Corporation									
	PRIMARY TRANSMITTERS:	TELEVISION								
G Primary nsmitters: elevision	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station her station was carried only or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eac educational station, by entu (for independent multicast) For the meaning of theset	entify every television station (including t m during the accounting period, except in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s in's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part-tin e carriage of certain network progra l(e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also see page (v) of the general instruction ogram services such as HBO, ESP air designation. For example, report vision station for broadcasting over t tation, an independent station, or a for network multicast), "I" (for independent r "E-M" (for noncommercial education ctions in the paper SA1-2 form.	ne basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial endent), "I-M" onal multicast).						
	FCC. For Mexican or Cana	adian stations, if any, give the name of th	e community with which the station i	4. LOCATION OF STATION						
			3. TIPE OF STATION							
	KTVI-DT1	2	I	ST LOUIS						
	KMOV	4	<u>N</u>	ST LOUIS						
ows as Necessary	KSDK	5	<u>N</u>	ST LOUIS						
	KETC-DT1	6	<u>N</u>	ST LOUIS						
	KSPR	7	<u>N</u>	ST LOUIS						
	KSDK-DT1	11	<u>N</u>	ST LOUIS						
	KMOV-DT1	12	N							
	KRCG-DT1	13	N	JEFFERSON CITY, MO						
	KETC-DT2	14	E	ST LOUIS						
	KETC-DT3	15	E	ST LOUIS						
	KETC-DT4	16	E	ST LOUIS						
	WRBU-DT1	18	I	EAST ST LOUIS, IL						
	KNLC-DT1	24	I	ST LOUIS						

N.A	FOWNER OF							SYSTEM I
ity of High	ano, an Illi	nois M	unicipal Corporation					634
Il-band basis v	t every radio s vhose signals	station ca were ge	nrried on a separate and discre	le system during	the accounting	g period		Н
eceivable if (1) In the basis of or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf	it is carried b monitoring, to prmation abour m. lentify the call tate whether t the radio stat	y the sys be recei it the Co sign of e the statio ion's sign	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process mark in the "S/D" column.	t the system's hea system's FM ante his point, see pag	adend, and (2) nna, during ce ge (v) of the ge) it can t ertain sta eneral ir	be expected, ated intervals. Istructions in the.	Primary Transmitters Radio
Column 4: G	ive the station	n's locati	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	
		ļ						

Accounting Perio	d: 2022/1						FOF	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	City of Highland, an III	inois Mur	nicipal Corpo	oration				63471
I	SUBSTITUTE CARRIAGE	fy every non	network televis	<i>ion program,</i> broadcast by a	a <i>distant</i> statio			
Substitute	substitute basis during the ac explanation of the programm	• •		•				
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork telev	vision prograr	n
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Neter If your anower is "No."	' leove the	reat of this nea	a blank. If your analyzer is	"Vee" veu mu	ist some la		-
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ust comple	ete the progra	m
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations	wherever nos	sible if th	eir meaning i	2
	clear. If you need more spa				morever per		on mouning i	-
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."		"Yes." Otherwise enter "N		ampio, m		
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	ım.			
				e community to which the			ne FCC or, in	
	the case of Mexican or Can Column 5: Give the mon			tem carried the substitute			with the mo	nth
	first. Example: for May 7 giv		when your sys		program. Obc	manioraic	, what the mo	
				gram was carried by your				ely
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m.	should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that y	our syster	m was <i>require</i>	ed
	to delete under FCC rules a							
	was substituted for program	• •	our system wa	s permitted to delete unde	er FCC rules a	and regula	tions in	
	effect on October 19, 1976.							
	s	UBSTITUT	E PROGRAM			EN SUBS	TITUTE CURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							_	
							_	
							_	
							_	
							_	
					.			
							_	
							_	
							_	
							—	

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Highland, an Illinois Municipal Corporation	SI	/STEM ID# 63471
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entra 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 at 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	7 ,532.00 ss 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 this	s six-month	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	\$	<u>52.00</u> 0.00
			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		
	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 Regist See page i of the general instructions in the paper SA1-2 form for more informati		ts!

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: d, an Illinois Municipal Co	orporatio	n		SYSTEM ID# 63471
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's I number of channels on whic	total numb ch the cabl	s on which the cable system carried telev per of activated channels during the acco e	ounting period.	13
	2. Enter the tota on which the	I number of activated channe cable system carried televisio	els on broadca			314
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		RMATION IS NEEDED (Identify an indivi	idual to whom	
for Further Information	Name	Terri K Firestein			Telephone	301-788-6889
	Address	10806 Garrison Hollo (Number, street, rural route, apartr Clear Spring, MD 217 (City, town, state, zip)	tment, or suit	e number)		
	Email	tfireccg@myact	tv.net		Fax (optional	
ο	CERTIFICATION	(This statement of account mu	ust be cert	ified and signed in accordance with Copy	yright Office regulations)	
Certification	• I, the undersigne	ed, hereby certify that (Check or	one, <i>but onl</i> j	v one , of the boxes.)		
	(Owne	r other than corporation or p	partnership) I am the owner of the cable system as id	dentified in line 1 of space E	3; or
				rtnership) I am the duly authorized agent not a corporation or partnership; or	of the owner of the cable s	ystem as identified
		er or partner) I am an officer (i in line 1 of space B.	(if a corpora	ttion) or a partner (if a partnership) of the le	egal entity identified as owr	ner of the cable system
		te, and correct to the best of m	-	lare under penalty of law that all statement le, information, and belief, and are made in		
			X	/s/ Terri K. Firestein		-
				lectronic signature on the line above to certi ature using an "/s/ signature" (e.g., /s/ John		
		Typed or printed	d name:	Terri K. Firestein		
		Title:		ector & Consultant		
		Date:			August 12, 2022	

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unting Period: 2022/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
of Highland, an Illinois Municipal Corporation	6347
 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 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. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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	Q Interest Assessmen
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	Q Interest Assessmen
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Cable Worksheet		ble rksheet	Total amount of remittance	d Initials	
			Date of remittance	Check	□ FILING FEES
Cable ID #					Amount Initials
Examined by		Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period					
	□Janua	ry 1 - June 30, 2017]July 1 - December 31, 2017	
	Letter	sent		Information received	
	Accep	ted		Phone call/Date/Contact	
Space B Owner					
	Letter	sent		Information received	
	Accep	ted		Phone call/Date/Contact	
Space D Area Served					
	Letter	sent		Information received	
	Accep	ted		Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	Letter	sent		Information received	
and Rates	Accep	ted		Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	Letter	sent	Γ	Information received	
	Accep	ted	C	Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio	Accep	ted	C	Phone call/Date/Contact	

		Space I Substitute Carriage
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log (SA3 only)
☑Letter sent	☐ Information received	(SAS 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'l fee received	
Accepted	Phone call/Date/Contact	