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 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					
2-26-25	\$ ALLOCATION NUMBER				

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

Α	ACC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))									
		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									
		Zito Canton LLC									
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)									
		Zito Media									
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM									
		PO Box 665									
		(Number, street, rural route, apartment, or suite number) Coudersport, PA 16915									
		(City, town, state, zip)									
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:									
		Zito Media - Cogan Station MAILING ADDRESS OF CABLE SYSTEM:									
		INALINO ADDICES ST VADLE STOTEM.									
	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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2024/2	FORM 044 05 PAGE 45						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#						
Name		567						
	Zito Canton LLC							
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	city.							
Served								
Firm	CITY OR TOWN Cogan Station	STATE PA						
First Community	Trout Run	PA						
Community	Hepburn Township	PA PA						
	nepourii rowiisilip	ra						
Add Rows as Necessary								

Accounting Period: 2024/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito Canton LLC

FORM SA1-2E. PAGE 2.

SYSTEM ID#

567

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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 last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken 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. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different 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 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, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2			
	NO. OF		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:					
 Service to first set 	134	25.23			
Service to additional set(s)					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		T			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

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.

		BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable		Motel, hotel		
 Pay cable—add'l channel 		Commercial		
Fire protection		Pay cable		
•Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set	30.00	Burglar protection		
Additional set(s)	20.00	Other services:		
• FM radio (if separate rate)		Reconnect	30.00	
Converter		Disconnect		
		Outlet relocation	30.00	
		Move to new address	30.00	

FORM SA1-2E. PAGE 3. Accounting Period: 2024/2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 567

PRIMARY TRANSMITTERS: TELEVISION

Zito Canton LLC

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **WBRE** 28.1 Ν Wilkes-Barre PA **WNEP** 16.1 Ν **Scranton PA** WOLF 56.1 Ν **Hazelton PA WQMY** 53.1 ī Williamsport PA **WSWB** 38.1 ı **Scranton PA** Ε **WVIA** 44 **Scranton PA WYOU** 22.1 Ν **Scranton PA**

Add Rows as Necessary

Zito Canton LLC

507

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

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.
- **Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
			_				
					ļ		l

A	4. 2024/2						DM OA4 OF DAGE 5		
Accounting Perio	a: 2024/2 LEGAL NAME OF OWNER OF (CABLE SYST	FM·			FC	SYSTEM ID#		
Name	Zito Canton LLC						567		
ı	SUBSTITUTE CARRIAGE	_	_						
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:									
Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Statement and Program Log	broadcast by a distant station?								
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is '	"Yes," you mι	st complete the progr	am		
	log in block 2.								
	2. LOG OF SUBSTITUTE PROGRAMS								
	In General: List each subst				wherever pos	sible, if their meaning	is		
	clear. If you need more space			ows to the tables. sion program ("substitute	program") tha	t during the accounting	ng.		
	period, was broadcast by a								
	under certain FCC rules, reg								
	Do not use general categori		vies" or "baske	tball." List specific progran	n titles, for ex	ample, "I Love Lucy" o	or		
	"NBA Basketball: 76ers vs.		L 4 P 4	"»/ " OII · · · · · · · · · · · · · · · · · ·	. "				
				r "Yes." Otherwise enter "N sting the substitute progra					
		0		ie community to which the		nsed by the FCC or. in	ı		
	the case of Mexican or Can								
		•	when your syst	tem carried the substitute	program. Use	numerals, with the m	onth		
	first. Example: for May 7 giv					Little Committee	(. l .		
	to the nearest five minutes.			gram was carried by your o	•		tely		
	stated as "6:00–6:30 p.m."	схапіріе. а	i program came	ed by a system nom 6.01.	15 p.111. to 6.2	o.so p.m. snould be			
	· · · · · · · · · · · · · · · · · · ·	er "R" if the	listed program	was substituted for progra	mming that y	our system was <i>requi</i>	red		
	to delete under FCC rules a						gram		
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulations in			
	effect on October 19, 1976.								
					WHE	N SUBSTITUTE			
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCURRED	7. REASON FOR		
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION		
	T. THEE OF TROOPS UNI	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO			
						_			
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					1 1	_			

Accounting Period:	2024/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Canton LLC	s	YSTEM ID# 567
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.	ission service mount, see	3,762.84 pss receipts)
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.	163,800	
	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	100)	
	1. Base amount under statutory formula	_,	
	2. Enter amount of gross receipts from space K	<u>-</u>	
	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:	2024/2					FORM SA1-2E. PAGE 7.	
Name	LEGAL NAME OF O Zito Canton LL	WNER OF CABLE SYSTEM:				SYSTEM ID# 567	
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						
		cable system carried televisio				91	
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		N IS NEEDED (Identify an ii	ndividual to whom		
for Further Information	Name	Teri McMullen			Telephone	814-260-0434	
	Address	PO Box 665 (Number, street, rural route, apartr Coudersport PA 169' (City, town, state, zip)					
	Email	teri.mcmullen@	zitomedia.com		Fax (optional		
	CERTIFICATION (This statement of account mu	st be certified and	signed in accordance with (Copyright Office regulations)		
O Certification		d, hereby certify that (Check or					
	(Owne	r other than corporation or p	artnership) I am the	e owner of the cable system a	as identified in line 1 of space E	3; or	
		of owner other than corpora in line 1 of space B and that the			ent of the owner of the cable s	ystem as identified	
		er or partner) I am an officer (i in line 1 of space B.	f a corporation) or a	partner (if a partnership) of t	he legal entity identified as owr	ner of the cable system	
		the statement of account and hite, and correct to the best of my on 1001(1986)]	•				
				nes Rigas			
				signature on the line above to g an "/s/ signature" (e.g., /s/			
		Typed or printed	name: James	s Rigas			
		Title:	President le of official position he	ld in corporation or partnership)			
		Date:			02/27/2025		

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FORM SA1-2E. PAGE 8. Accounting Period: 2024/2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 567 **Zito Canton LLC** 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 fol-"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 sub-Special Statement scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross Receipts Exclusion** 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? X NO 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. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** 1% davs x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

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CONTROL #: REMITTANCE #:

Radio

 \square Accepted

C	Ca. Wo	ble rksheet	Total amount of remittance	Number of SAs rec'd		Initials	
			Date of remittance	 □ Check	□ EFT	☐ FILING	G FEES
Cable ID #						Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocatio	on number		
Space A Accounting Period		l	L				
	☐ Janua	ary 1 - June 30, 2017	С	☐ July 1 - Decem	nber 31, 2017		
	☐ Lette	r sent	[☐ Information re	ceived		
	☐ Accep	oted	☐ Phone call/Date/Contact				
Space B Owner							
	□ Lette	r sent		☐ Information re	ceived		
	☐ Accep	oted		☐ Phone call/Dat	e/Contact		
Space D Area Served							
	☐ Lette	r sent		☐ Information re	ceived		
	☐ Accep	oted	[☐ Phone call/Dat	re/Contact		
Space E Secondary Transission							
Service Subscribers:	□ Lette	r sent	☐ Information received				
and Rates	☐ Accep	oted	С	☐ Phone call/Dat	re/Contact		
Space G Primary Transmitters:							
Television	□ Lette	r sent	☐ Information received				
	☐ Accep	oted]	☐ Phone call/Dat	te/Contact		
Space H Primary Transmitters:							

 $\hfill\square$ 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 Fees
☐ 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	