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

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STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:		
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov		
General instru	ems (Short Form) actions are located of this workbook	02/18/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	'YY/(Period))			
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
		Barcode Data Filing Period (optional	- see instructions)			
Accounting Period						
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent c	-	diary of another corporation, give the full co	rporate title		
Owner	List any other name or names under whic	ch the owner conducts the business of th	ne cable system.			
	If there were different owners during the single statement of account and royalty f		he last day of the accounting period should s ing period.	submit a		
	Check here if this is the system's first filin	g. If not, enter the system's ID number a	assigned by the Licensing Division.	63088		
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM				
	Webster-Calhoun Cooperative Tele	phone Association				
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)				
	MAILING ADDRESS OF OWNER OF 1106 Beek Street, PO Box	475				
	(Number, street, rural route, apartment, or suite r Gowrie, Iowa 50543	number)				
	(City, town, state, zip)	ness or trade names used to iden	tifv the business and operation of the	e system unless these		
С	names already appear in space B. In line					
System	1					
	MAILING ADDRESS OF CABLE SYSTEM	Л:				
	2 (Number, street, rural route, apartment, or suite i	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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	Webster-Calhoun Cooperative Telephone Association	630
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	ist will serve as a form of system identification hereafter kno
	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 l	home parks should be reported in parentheses below the
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	Gowrie	lowa
Community	Pilot Mound	lowa
	Churdan	lowa
d Rows as Necessary	Vincent	lowa
	Thor	lowa
	Knieri	lowa
	Somers	lowa
	Badger	lowa
	Lanyon	lowa
	Farnhamville	lowa
	Boxholm	lowa
	Duncombe	lowa
	Moorland	lowa
	Barnum	lowa
	Clare	lowa
	Paton	lowa
	Lohrville	
		lowa

E Secondary Transmission Service: Sub- scribers and Rates E F uni cat E sys tha cat sut firs E prir witt suf C R R e a cat sut firs E sys tha cat service: Sub- service: S	Webster-Calhoun Coope CONDARY TRANSMISSION General: The information in system, that is, the retransmission out other services (including period Number of Subscribers: Both wn by categories of secondary ch category by counting the nu- parately for the particular servi- rate: Give the standard rate cl it in which it is generally billed. tegory, but do not include disce Block 1: In the left-hand block stems most commonly provide at applies to your system. Note tegories, that person or entity system bscriber who pays extra for cal st set" and would be counted on Block 2: If your cable system h nted in block 1 (for example, ti th the number of subscribers a fficient. BLC CATEGORY OF SERVICE seidential: Service to additional set(s) FM radio (if separate rate)	SERVICE: SI pace E should on of television ay cable) in sp (June 30 or E n blocks in spa y transmission umber of billing ice at the rate harged for eac . (Example: "\$ counts allowed in space E, th e to their subsc e: Where an ir should be cou able service to once again unc has rate categ iers of services	UBSCR I cover a a and rac bace F, December ace E ca service gs in that indicate ch categ 20/mth", for adva te form I cribers. (addition der "Sem ories for s that in- e right-h	BERS AND R Ill categories o tio broadcasts not here. All th er 31, as the ca l for the numb . In general, you t category (the d—not the num ory of service. . Summarize a ance payment. ists the catego Give the numb or organization a subscriber in al sets would the vice to addition secondary tra- clude one or m	ATES of secondar by your sy e facts you ase may be er of subsc ou can com e number of sel Include bo any standa ories of sec er of subsc on is receive n each app be included nal set(s)." ansmission more secon wo- or thre CATE Basic	vistem to subscri u state must be f a). cribers to the cal opte the number of persons or or ts receiving service th the amount of and rate variation condary transmission cribers and rate ring service that licable category d in the count ur service that are dary transmission	bers. Give those exist ble system er of subscr ganizations rice). of the charg s within a p ssion servic for each lis falls under c. Example: ader "Servic e different fi ons), list the ion of the s BLOCK	information ing on the , broken ribers in charged ge and the particular rate ex that cable sted category different a residential ce to the rom those em, together service is	6308	
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firs E prir witt suf C Re •	st set" and would be counted o Block 2: If your cable system h nted in block 1 (for example, ti th the number of subscribers a fficient. BLC CATEGORY OF SERVICE sidential: Service to first set Service to additional set(s)	nce again unc has rate categ iers of services and rates, in th DCK 1 NO. OF	der "Sen ories for s that in e right-h ERS	vice to addition secondary tra clude one or m and block. A to RATE	al set(s)." ansmission hore secon wo- or thre CATE Basic	service that are dary transmissio e-word descript	e different fi ons), list the ion of the s BLOCK	rom those em, together service is 2 NO. OF SUBSCRIBERS		
prir witi suf C Re •	nted in block 1 (for example, ti th the number of subscribers a fficient. BLC CATEGORY OF SERVICE sidential: Service to first set Service to additional set(s)	iers of services and rates, in th DCK 1 NO. OF	s that in e right-r ERS	clude one or m and block. A to RATE	ore secon wo- or thre CATE Basic	dary transmissio ee-word descript	ons), list the s ion of the s BLOCK	em, together service is 2 NO. OF SUBSCRIBERS		
witi suf C Re •	th the number of subscribers a fficient. BLC CATEGORY OF SERVICE sidential: Service to first set Service to additional set(s)	OCK 1	e right-r : ERS	RATE	wo- or thre CATE Basic	e-word descript	ion of the s	NO. OF SUBSCRIBERS		
suf C Re ·	fficient. BLC CATEGORY OF SERVICE sidential: Service to first set Service to additional set(s)	DCK 1 NO. OF	ERS	RATE	CATE	· · ·	BLOCK	2 NO. OF SUBSCRIBERS		
(Re •	BLC CATEGORY OF SERVICE ssidential: Service to first set Service to additional set(s)	NO. OF	ERS		Basic	EGORY OF SEF		NO. OF SUBSCRIBERS		
Re • •	esidential: Service to first set Service to additional set(s)		ERS		Basic	EGORY OF SEF	RVICE	SUBSCRIBERS		
•	Service to first set Service to additional set(s)		135	32.95				567	82 0	
•	Service to additional set(s)		135	32.95				567	82 0	
						Basic				
	FM radio (if separate rate)				Extended				###	
Мо										
	otel, hotel									
Co	ommercial									
Co	onverter									
•	Residential									
•	Non-residential									
-	ERVICES OTHER THAN SEC									
	General: Space F calls for rate	•	,		•	• •				
- 100	t covered in space E, that is, the transfer to the term of ter									
	mished at cost or (2) services of	•			•		• • • •			
	nount of the charge and the un		s usually	billed. If any ra	ates are ch	narged on a vari	able per-pr	ogram basis,		
	ter only the letters "PP" in the		the eabl	fan	ach af tha	annliaghla agui	ana lintad			
	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									
brie	brief (two- or three-word) description and include the rate for each.									
		BLO	CK 1					BLOCK 2		
CA	TEGORY OF SERVICE	RATE	CATE	ORY OF SER	RVICE	RATE	CATEGO	ORY OF SERVICE	RATE	
Co	ontinuing Services:		Installa	tion: Non-res	sidential					
•	Pay cable		• Mo	el, hotel						
•	Pay cable—add'l channel		• Cor	nmercial						
•	Fire protection		• Pay	cable						
•	Burglar protection		• Pay	v cable-add'l ch	hannel					
Ins	stallation: Residential		• Fire	protection						
•	First set		• Bur	glar protection	1					
•	Additional set(s)		Other s	services:						
•	FM radio (if separate rate)		• Red	connect						
•	Converter		• Dis	connect						
			• Out	let relocation						
			• Mo	ve to new addr						

Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE
Name	Webster-Calhoun Co	ooperative Telephone Association	on	63
	PRIMARY TRANSMITTERS	: TELEVISION		
G Primary ansmitters: elevision	In General: In space G, ic carried by your cable syst FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station here, station was carried <i>only</i> of • List the station here, and basis. For further informat Column 1: List each static multicast stream associate "WETA-2" as the same or Column 2: Give the chann of license. For example, V Column 3: Indicate in eace educational station, by em (for independent multicast For the meaning of these	dentify every television station (including em during the accounting period, <i>except</i> s in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. Is: With respect to any distant stations car rules, regulations, or authorizations: ere in space G—but do list it in space I (th on a substitute basis. If also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the on the form. nel number the FCC assigned to the tele WRC is channel 4 in Washington, D.C. ch case whether the station is a network st tering the letter "N" (for network), "N-M" (t), "E" (for noncommercial educational), o terms, see page (iv) of the general instru	(1) stations carried only on a part- le carriage of certain network progra 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sume Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial education ctions in the paper SA1-2 form.	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" tional multicast).
		ion of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	-	-
	KDIN	11	E	Des Moines
	KDINDT	11.1	E	Des Moines
lows as Necessary	KDIND2	11.2	E	Des Moines
ows as necessary	KDINDT3	11.3	E	Des Moines
	KCCI	8	E	Des Moines
	KCCIDT	8.1	E	Des Moines
	KCCID2	8.2	E	Des Moines
	ксш	23	I	Des Moines
	KCWIDT	23.1	I	Des Moines
	KDMI	56.1	I	Des Moines
	KDSM	17	I	Des Moines
	KDSMDT	17.1	I	Des Moines
	KDSMD2	17.2	I	Des Moines
	KDSMD3	17.3	I	Des Moines
	WHO	13	E	Des Moines
		13 13.1	E	Des Moines Des Moines
	WHO WHODT	13.1	E	
	WHO WHODT WHOD2	13.1 13.2		Des Moines
	WHO WHODT WHOD2 DHOD3	13.1 13.2 13.3	E E E	Des Moines Des Moines Des Moines
	WHO WHODT WHOD2 DHOD3 WOI	13.1 13.2 13.3 5	E E E E	Des Moines Des Moines Des Moines Des Moines
	WHO WHODT WHOD2 DHOD3	13.1 13.2 13.3	E E E	Des Moines Des Moines Des Moines
	WHO WHODT WHOD2 DHOD3 WOI	13.1 13.2 13.3 5	E E E E	Des Moines Des Moines Des Moines Des Moines

EGAL NAME OF Vebster-Cal			e Telephone Associatio	[,] n				SYSTEM I 630
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recein at the Co l sign of o the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C stem whenever it is received at ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processs k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pag ed by the cable s re station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	, AM or FM	S/D	LOCATION OF STATION	
OALL OIGH	ANOTIN	0,0		OALL OION		0,0		
							·	
							·	
							·	

Accounting Perio	od: 2020/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Webster-Calhoun Coo	perative	Telephone A	Association				63088
	SUBSTITUTE CARRIAG				6			
1		-	-					
	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					io general in			
Special	1. SPECIAL STATEMEN	-			-:	4 - 1 - 4 - 1		
Statement and	 During the accounting per 	-	ur cable syster	n carry, on a substitute ba	sis, any noni	network tei	evision prog	
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you i	must comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs			ate line. Use abbreviations	wherever p	ossible, if t	heir meaning	g is
	clear. If you need more spa					,		0
				vision program ("substitute				
	period, was broadcast by a	i distant sta	tion and that y	our cable system substitut	ed for the pr	ogramming	of another	station
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			etball. List specific progra		skample, i	LOVE LUCY	0
			dcast live, ent	er "Yes." Otherwise enter '	'No."			
				asting the substitute progr				
				the community to which th			the FCC or,	in
	the case of Mexican or Car			stem carried the substitute			le with the r	nonth
	first. Example: for May 7 gi		when your sy		program. O	se numera		nonun
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accur	ately
	to the nearest five minutes.							,
	stated as "6:00-6:30 p.m."	"D" : ()						
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s and regul		
	,				1			1
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCC		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		TIMES — TO	DELETION
		Tes of No	CALL SIGN	4. STATION S LOCATION	AND DAT	FROM	— то	
							_	
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Accounting Period:	2020/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:				SYSTEM ID#
	Webster-Calhoun Cooperative Telephone Association				63088
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	system's stion of how	secondary trans to compute this	mission servi s amount, se \$ 3	
	COPYRIGHT ROYALTY FEE				
L 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in 	0 but less t	han \$527,60(\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for t	his six-month	
	Line 1. Royalty fee for accounting period				
	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 li	ines 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore 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				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$260	3,800 (but	less than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	332,691.55		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	68,891.55		
	4. Multiply line 3 by .01		\$	688.92	
	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	4, 5, and 6 .		\$	2,007.92
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	2,007.92	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,027.92
	EFT Trace # or TRANSACTION ID #			[
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER C Webster-Calhoun Coo		ne Association			SYSTEM ID# 63088
M Channels	 to its subscribers, and (2) 1. Enter the total number system carried television 2. Enter the total number on which the cable system) the cable system's of channels on whic n broadcast stations of activated channel em carried television	ls	nels during the accounting		22 193
N Individual to Be Contacted	we can contact about this	s statement of accou	HER INFORMATION IS NEED!	E D (Identify an individual to		
for Further Information		ie Boerner Beek Street, P	O Box 475		Telephone ((515) 352-3151
	(Number	r, street, rural route, apar rie, lowa 50543 wn, state, zip)				
	Email	marcieb@wcct	a.com	Fax (o	ptional) 5153523025	
O Certification	 I, the undersigned, hereb (Owner other time) (Agent of owner in line 1 of s X (Officer or parting line 1 of s I have examined the state 	by certify that (Check than corporation or part er other than corpor space B and that the rtner) I am an officer space B. ement of account and orrect to the best of m	nust be certified and signed in a one, <i>but only one</i> , of the boxes.) partnership) I am the owner of t ration or partnership) I am the o owner is not a corporation or par (if a corporation) or a partner (if d hereby declare under penalty o y knowledge, information, and b	he cable system as identifie duly authorized agent of the tnership; or a partnership) of the legal e f law that all statements of	ed in line 1 of space E e owner of the cable s entity identified as own fact contained herein	ystem as identified
			X /s/ Daryl Carlson	the line above to certify this		
		Typed or printe Title: (Title of o	d name: Daryl Carlson EVP, General Manage official position held in corporation or p	ər		
		Date:		02/	18/2021	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 Office'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.

unting Period: 2020/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
oster-Calhoun Cooperative Telephone Association	630
 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 	P Special Statement Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name 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 Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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 Assessme
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