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.

STATEMENT OF ACCOUNT

SA1-2E Short Form

by email to:

Return completed workbook

		ansmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>	
Cable Syste		·		\$	For additional information, contact the U.S. Copyright	
in the first tab			08/22/2018	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150	
Α	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))		
		2018/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		20181	Barcode Data Filing Period (optional	- see instructions)		
Accounting Period						
В		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		iary of another corporation, give the full cor	porate title	
Owner		List any other name or names under which	n the owner conducts the business of th	e cable system.		
		If there were different owners during the a single statement of account and royalty fe		e last day of the accounting period should s ng period.	ubmit a	
		Check here if this is the system's first filing	: If not, enter the system's ID number a	ssigned by the Licensing Division.	27797	
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM			
		NEX-TECH LLC				
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)			
		MAILING ADDRESS OF OWNER OF 145 N MAIN				
		(Number, street, rural route, apartment, or suite nu LENORA, KS 67645 (City, town, state, zip)	umber)			
С				ify the business and operation of the system, if different from the address		
System	1	IDENTIFICATION OF CABLE SYSTEM:				
		MAILING ADDRESS OF CABLE SYSTEM	:			
	2	(Number, street, rural route, apartment, or suite n	umber)			
		(City, town, state, zip code)				

FOR COPYRIGHT OFFICE USE ONLY

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	NEX-TECH LLC	2779
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fil Note: Entities and properties such as hotels, apartments, condominiums, or n	ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter know ings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	COURTLAND	KS
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1-	
Name	NEX-TECH LLC							0.0	2779
E Secondary	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p	pace E should on of television bay cable) in sp	l cover a and rac bace F, r	Il categories of s lio broadcasts by not here. All the f	econdar y your sy facts you	stem to subscri state must be	ibers. Give	information	
Transmission Service: Sub- scribers and Rates	last day of the accounting period Number of Subscribers: Both down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate c	n blocks in spa y transmission umber of billing ice at the rate	ice E cal service. gs in tha indicate	I for the number In general, you t category (the n d—not the numb	of subsection can con umber con per of se	cribers to the ca npute the number of persons or org ts receiving servi	er of subsc ganizations /ice).	ribers in s charged	
	unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Not	. (Example: "\$ counts allowed in space E, th to their subsc e: Where an ir	20/mth") for adva le form li cribers. (ndividual	. Summarize any ince payment. sts the categorie Give the number or organization	y standa es of sec of subse is receiv	rd rate variation condary transmis cribers and rate ving service that	is within a ssion servi for each lis falls unde	particular rate ce that cable sted category r different	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	able service to once again und has rate categ iers of service and rates, in th	addition ler "Serv ories for s that ind	al sets would be ice to additional secondary trans clude one or mor	include set(s)." mission e secon	d in the count un service that are dary transmission	nder "Servi e different t ons), list th tion of the s	ice to the from those nem, together service is	
	BLC	DCK 1 NO. OF	. 1				BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		131	24.95 F	PREMI	ERE		108	48.
	Service to additional set(s) FM radio (if separate rate)								
	Motel, hotel Commercial Converter								
	Residential Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscri hose services re two exceptic or facilities fur hit in which it is rate column. te charged by t your cable sy separate charg otion and inclu	ber) info that are ons: you nished to susually the cable stem fur ge was n de the ra	rmation with resp not offered in co do not need to g o nonsubscribers billed. If any rate e system for each nished or offered nade or establish	ombination ive rate s. Rate in es are ch h of the d during	on with any secon information com- nformation shout narged on a varia applicable servithe accounting	ondary trar icerning (1 ild include iable per-p ces listed. period that	nsmission) services both the rogram basis, t were not e form of a	
		BLO			05	DATE		BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERVI tion: Non-resid		RATE	CATEGO	ORY OF SERVICE	RAT
	Pay cable Pay cable—add'l channel	72.95	• Mot	el, hotel nmercial			Sports Cinema	& Entertain. ax	13. 11.
	Fire protection			cable			НВО		17.
	•Burglar protection Installation: Residential	00.00	• Fire	cable-add'l cha protection	nnel		Showti Starz! I	me & TMC Encore	14. 12.
	 First set Additional set(s) FM radio (if separate rate) 	99.00 110.00	Other s	glar protection ervices: onnect		110.00			
	• Converter			connect					

counting Period: 2	2018/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM II
	NEX-TECH LLC			2779
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	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 ru • Do <i>not</i> list the station her	lentify every television station (including em during the accounting period, <i>except</i> 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. s: With respect to any distant stations ca rules, regulations, or authorizations: re in space G—but do list it in space I (th o a substitute basis	t (1) stations carried only on a part ne carriage of certain network prog a1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su	t-time basis under grams [sections tations carried on a ubstitute program
	basis. For further information Column 1: List each station multicast stream associated	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	see page (v) of the general instructor program services such as HBO, ES	ctions. SPN, etc. Identify each
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these te Column 4: Give the location	the form. hel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. h case whether the station is a network s ering the letter "N" (for network), "N-M" (), "E" (for noncommercial educational), o terms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th	station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. the community to which the station	a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNC	2	N	GREAT BEND, KS
	KLNE	3	E	LEXINGTON, NE
Rows as Necessary	KSNB	5	N	SUPERIOR, NE
	KBSH	7	N	HAYS, KS
	KOOD	9	E	HAYS, KS
	KAKE	10	N	WICHITA, KS
	KGIN	11	N	GRAND ISLAND, KS
	KHGI	13	Ν	KEARNEY, NE
	KFXL	14	N	LINCOLN, NE
	KSNB-DT2	15	N-M	LINCOLN, NE
	KWBL	16	I	KEARNEY, NE
	KSCW	23	I	WICHITA, KS
	KSAS	24	N	WICHITA, KS
	KWCH-DT2	110	N-M	WICHITA, KS
	KOOD-DT4	183	E-M	HAYS, KS
	KMTW-DT3	186	N-M	WICHITA, KS
	KSAS-DT2	187	N-M	WICHITA, KS
	KOOD-DT3	189	E-M	HAYS, KS

LEGAL NAME O NEX-TECH I		JADLE 3						SYSTEM I
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed infi- paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C) it is carried by monitoring, to formation about mm. dentify the call State whether the f the radio stat this by placing Give the station	y the sys be rece to the Co sign of the static ion's sig g a chec n's locati	II-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can eertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	-	-	the community with which the			C/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KQMA	FM		PHILLIPSBURG, KS					
KDNS	FM		DOWNS, KS					
KREP	FM		BELLEVILLE, KS					
KKDT	FM		BURDETT, KS					
KRSL	FM		RUSSELL, KS					
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Accounting Perio	od: 2018/1						FORM	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	NEX-TECH LLC							27797
	SUBSTITUTE CARRIAG				G			
1					-	tion that you		tom carried on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the program							
Carriage:	1. SPECIAL STATEMEN							
Special	During the accounting pe				eie anv noni	notwork tolow	vision prog	ram
Statement and		-	ui cable syster	in carry, on a substitute ba	1515, ariy 11011			
Program Log	broadcast by a distant sta	ition?					YES	X NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	Column 1: Give the title period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.	Bulls."				•		
				er "Yes." Otherwise enter				
				asting the substitute program		oonood by th	a FCC ar	in
	the case of Mexican or Car			the community to which the community with which the				111
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.m. :	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour system	was requ	iired
	to delete under FCC rules							
	was substituted for program							
	effect on October 19, 1976							
						N SUBSTIT		
	s	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	S	STEM ID# 27797
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	,394.85 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 t	his six-mon	
	accounting period is \$52.00 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		
Filia - Factor d			
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!

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC M 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.	SYSTEM ID 27797
M 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.	
Channels 1. Enter the total number of channels on which the cable system carried television broadcast stations	18 345
N INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Be Contacted Depth D	
for Further Information Name Scott Roe Telephone 785-623 Address 2418 Vine Street	
Address 2410 vine Street (Number, street, rural route, apartment, or suite number) Hays, KS 67601 (City, town, state, zip)	
Email sroe@nex-tech.com Fax (optional)	
O Certification Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (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 in line 1 of space B and that the owner is not a corporation or partnership; or X (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 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/ Rhonda S. Goddard 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: Rhonda S. Goddard Title: Chief Financial Officer (Title of official position held in corporation or partnership)	
Date: 08/20/2018	

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counting Period: 2018/1	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EX-TECH LLC	2779
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 a scribers 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 transmission made by satellite carriers to satellite dish owners? X NO XES. Enter the total here and list the satellite carrier(s) below.	sub- " Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayme For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	
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	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	
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	
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
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
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
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	n. Q Interest Assessmen days
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 Assessment
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 Assessment
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	n. Q Interest Assessmen days ease
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 Assessment Interest Assessment days - case ase
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