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

by email to:

Return completed workbook

STATEME	NT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instruc	ms (Short Form) ctions are located of this workbook	08/22/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period	20181	Barcode Data Filing Period (optional	- see instructions)	
B Owner	of the subsidiary, not that of the parent co List any other name or names under which	Interpretation. In the owner conducts the business of the accounting period, only the owner on the payment covering the entire account is. If not, enter the system's ID number account is a ADDRESS OF CABLE SYSTEM CABLE SYSTEM (IF DIFFERENT) CABLE SYSTEM	he last day of the accounting period should s ing period. assigned by the Licensing Division.	
C	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line 2			
System	1 IDENTIFICATION OF CABLE SYSTEM: 1 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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	NEX-TECH LLC	629
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora 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 filin	nmunity" is the same as a "community unit" as defined in FCC rule ted communities within unincorporated areas and including single you list will serve as a form of system identification hereafter kno gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	obile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	ATHOL	KS
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-	TEM ID
Name	NEX-TECH LLC							0.0	6297
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 all and radio bace F, no	categories of s broadcasts by ot here. All the f	secondar y your sy facts you	stem to subscr 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 of unit in which it is generally billed	n blocks in spa y transmission umber of billing ice at the rate harged for eac	ice E call f service. I gs in that indicated- ch categor	for the number n general, you category (the n —not the numb ry of service. In	of subso can com number c ber of se clude bo	cribers to the ca apute the number of persons or or ts receiving sen oth the amount of	er of subso ganizations vice). of the char	ribers in s charged ge and the	
	category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Not categories, that person or entity subscriber who pays extra for ca first set" and would be counted of	in space E, the to their subsc e: Where an ir should be cou able service to	e form lis cribers. Gi ndividual c nted as a additional	ts the categorie ve the number or organization subscriber in e sets would be	of subso is receiv each app includeo	cribers and rate ring service that licable category	for each li falls unde /. Example	sted category r different : a residential	
	Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	iers of service	s that inclu	ude one or mor	e secon	dary transmissi	ons), list th	em, together service is	
		NO. OF					BLOCI	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		33	24.95 F	PREMI	ERE		23	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 ra 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 btion and inclu	ber) inform that are n ons: you d nished to usually b the cable stem furn ge was ma de the rate	nation with resp ot offered in co o not need to g nonsubscribers illed. If any rate system for each ished or offered ade or establish	ombinatio jive rate s. Rate in es are ch h of the d during	on with any sec information con nformation shou narged on a var applicable servi the accounting	ondary tran acerning (1 ild include iable per-p ces listed. period that	nsmission) services both the rogram basis, t were not e form of a	
	CATEGORY OF SERVICE	BLO RATE	1	RY OF SERVI	CE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:			ion: Non-resid					
	• Pay cable • Pay cable—add'l channel	72.95		l, hotel mercial			Sports Cinema	& Entertain. ax	13. 11.
	Fire protection		• Pay o				НВО		17.
	•Burglar protection Installation: Residential		• Fire p	cable-add'l char protection	nnel		Showti Starz!	me & TMC Encore	14. 12.
		00.00	 Burgl 	ar protection					
	 First set Additional set(s) FM radio (if separate rate) 	99.00 110.00	Other se • Reco			110.00			

counting Period: 2	2018/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
	NEX-TECH LLC			6297
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 r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including em during the accounting period, <i>excep</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 car- rules, 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 carrier on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination per ed with a station according to its over-the	t (1) stations carried only on a part he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a si the Special Statement and Program ed both on a substitute basis and al- , see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. t the community to which the statio	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial upendent), "I-M" ational multicast). in 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
d Rows as Necessary	KSNB	5	N	SUPERIOR, NE
	KBSH	7	N	HAYS, KS
	KOOD	9	E	HAYS, KS
	KAKE	10	Ν	WICHITA, KS
	KGIN	11	Ν	GRAND ISLAND, KS
	KHGI	13	Ν	KEARNEY, NE
	KFXL	14	Ν	LINCOLN, NE
	KSNB-DT2	15	N-M	LINCOLN, NE
	KWBL	16	l	KEARNEY, NE
	KSCW	23	l	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		CABLE 5	YSTEM:					SYSTEM I 629
n General: Lis		station ca	arried on a separate and discre nerally receivable by your cab					н
receivable if (1 on the basis of For detailed inf paper SA1-2 for Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C) it is carried by monitoring, to formation about orm. dentify the call State whether the f the radio state 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 s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	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 ertain st eneral i 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	
KQMA	FM		PHILLIPSBURG, KS					
KQIVIA KDNS	FM		DOWNS, KS					
KKDT	FM		BURDETT, KS					
KRSL			RUSSELL, KS					
	+							
	+							
	+							
	+							
							·	
	+							
	+							
	+							

Accounting Perio	od: 2018/1						FORM	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	NEX-TECH LLC							62979
					-			
	SUBSTITUTE CARRIAG				-			
	In General: In space I, ident							
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				ne general in			
Special	During the accounting per				eie anv noni	notwork tolov	ision prog	ram
Statement and		-	ui cable syster	in carry, on a substitute ba	515, any nom			
Program Log	broadcast by a distant sta	luon?					YES	× 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 complet	e the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if the	ir meaning	g is
				vision program ("substitute	e program") t	hat. during th	e account	ina
	period, was broadcast by a	distant sta	tion and that y	our cable system substitut	ed for the pr	ogramming o	f another s	station
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" of "bask	etball." List specific progra	am titles, for e	example, "I Lo	ove Lucy	or
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute progr				
	Column 4: Give the broat the case of Mexican or Car			the community to which th			e FCC or,	in
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.m. s	snould be	
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	t your system	was requ	ired
	to delete under FCC rules	and regulat	ions in effect d	luring the accounting perio	d; enter the	letter "P" if th	e listed pro	
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ler FCC rules	s and regulati	ons in	
					WHE	N SUBSTIT	UTE	
	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	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	S	YSTEM ID# 62979
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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 amount, see	5,678.05 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 \$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.	263,800	
	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 accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Duc	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 informat		hts!

Accounting Period:	2018/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OW NEX-TECH LLC	INER OF CABLE SYSTEM:			SYSTEM ID# 62979
M Channels	 to its subscribers, a Enter the total nu system carried te Enter the total nu on which the cabl 	and (2) the cable system's to umber of channels on which levision broadcast stations . umber of activated channels le system carried television	s	accounting period.	18 342
N Individual to Be Contacted for Further	we can contact abo	E CONTACTED IF FURTH but this statement of accoun	IER INFORMATION IS NEEDED (Identify an nt.)		785-625-7070
Information	Address	2418 Vine Street Number, street, rural route, apartr Hays, KS 67601 City, town, state, zip) sroe@nex-tech			
O Certification	I, the undersigned (Owner of (Agent o in line X (Officer in line · I have examined the second s	, hereby certify that (Check o other than corporation or p of owner other than corpora e 1 of space B and that the o or partner) I am an officer (i e 1 of space B. he statement of account and and correct to the best of my 1001(1986)]	ust be certified and signed in accordance with one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable system ation or partnership) I am the duly authorized owner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of hereby declare under penalty of law that all star <i>y</i> knowledge, information, and belief, and are m X /s/ Rhonda S. Goddard Enter an electronic signature on the line above Enter signature using an "/s/ signature" (e.g., /	m as identified in line 1 of space B agent of the owner of the cable sp of the legal entity identified as own atements of fact contained herein ade in good faith.	ystem as identified
		Typed or printed Title: (Title of of	d name: Rhonda S. Goddard Chief Financial Officer fficial position held in corporation or partnership)		
		Date:		08/20/2018	

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ounting Period: 2018/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
X-TECH LLC	6297
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. 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 Assessment
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