This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

Return completed workbook by email to: STATEMENT OF ACCOUNT FOR COPYRIGHT OFFICE USE ONLY for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 8-20-19 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20191 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
		NEX-TECH LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		145 N MAIN
		(Number, street, rural route, apartment, or suite number)
		LENORA, KS 67645 (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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
l		

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	NEX-TECH LLC	14131
D	Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that ye as the "first community." Please use it as the first community on all future filings	nunity" is the same as a "community unit" as defined in FCC rules: d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobilidentified city.	ile home parks should be reported in parentheses below the
		OT ATE
First	CITY OR TOWN SMITH CENTER	STATE KS
Community		N3
,, j		
Add Rows as Necessary		
Add nows as necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							-2E. PAGE
Name	NEX-TECH LLC							010	141:
Е	SECONDARY TRANSMISSION								
E	In General: The information in s	-		-	-				
Secondary	system, that is, the retransmissic about other services (including p								
Transmission	last day of the accounting period	• • •	-					ng on the	
Service: Sub-	Number of Subscribers: Both						ole system,	broken	
scribers and	down by categories of secondary					•			
Rates	each category by counting the nu							charged	
	separately for the particular serv Rate: Give the standard rate c							e and the	
	unit in which it is generally billed	•	•				0		
	category, but do not include disc	ounts allowed	for adva	nce payment.	-		-		
	Block 1: In the left-hand block			•		•			
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity			-		-			
	subscriber who pays extra for ca					• • •			
	first set" and would be counted of								
	Block 2: If your cable system I								
	printed in block 1 (for example, t					•	,	-	
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A t	vo- or three	e-word description	on of the s	ervice is	
		DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCIUD		TUTE	0/11			CODOCINIDENCO	10.1
	Service to first set		466	30.00	PREMI	ERE		375	46.
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
					_				
_	SERVICES OTHER THAN SEC In General: Space F calls for rat	-			-	l vour cable syst	em's servi	ces that were	
F	not covered in space E, that is, the	•			•	• •			
	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any ra	ates are ch	arged on a varia	able per-pr	ogram basis,	
Secondary			he cable	system for ea	ich of the a	applicable servic	es listed.		
	BIOCK 1: Give the standard rat							were not	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that								
ransmissions:	Block 2: List any services that listed in block 1 and for which a second	separate charg	ie was m	nade or establ				form of a	
ransmissions:	Block 2: List any services that	separate charg	ie was m	nade or establ				form of a	
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	separate charg ption and includ BLO	le was m le the ra CK 1	nade or establ te for each.	ished. List	these other serv	rices in the	BLOCK 2	
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charg otion and includ BLOO RATE	e was m le the ra CK 1 CATEG	nade or establ te for each. ORY OF SER	VICE		rices in the		RAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charg ption and includ BLOO RATE	e was m le the ra CK 1 CATEG Installa	nade or establ te for each. GORY OF SER ttion: Non-res	VICE	these other serv	CATEG	BLOCK 2 DRY OF SERVICE	
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charg otion and includ BLOO RATE	e was m de the ra CK 1 CATEG Installa • Mot	nade or establ te for each. GORY OF SER ation: Non-res	VICE	these other serv	CATEGO	BLOCK 2 DRY OF SERVICE & Entertain.	RAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charg ption and includ BLOO RATE	e was m de the ra CK 1 CATEG Installa • Mot • Cor	nade or establ te for each. GORY OF SER ttion: Non-res rel, hotel nmercial	VICE	these other serv	CATEGO CATEGO Sports Cinema	BLOCK 2 DRY OF SERVICE & Entertain.	13. 11.
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	separate charg ption and includ BLOO RATE	e was m de the ra CK 1 CATEG Installa • Mot • Cor • Pay	ade or establ te for each. GORY OF SER tion: Non-res rel, hotel nmercial r cable	VICE	these other serv	CATEGO CATEGO Sports Cinema HBO	BLOCK 2 DRY OF SERVICE & Entertain.	13. 11. 17.
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection •Burglar protection	separate charg ption and includ BLOO RATE	e was m de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay	ade or establ te for each. GORY OF SER tion: Non-res rel, hotel nmercial r cable r cable-add'l cl	VICE	these other serv	CATEGO Sports Cinema HBO Showti	BLOCK 2 DRY OF SERVICE & Entertain. IX me & TMC	13. 11. 17. 14.
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	separate chargo otion and includ BLOC RATE 76.00	e was m de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	ade or establ te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l cl protection	VICE idential	these other serv	CATEGO CATEGO Sports Cinema HBO	BLOCK 2 DRY OF SERVICE & Entertain. IX me & TMC	13. 11. 17.
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set	separate chargo ption and includ BLOC RATE 76.00 99.00	e was m de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ade or establ te for each. GORY OF SER ation: Non-res rel, hotel nmercial cable cable cable-add'l cl protection glar protectior	VICE idential	these other serv	CATEGO Sports Cinema HBO Showti	BLOCK 2 DRY OF SERVICE & Entertain. IX me & TMC	13. 11. 17. 14.
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	separate chargo ption and includ BLOC RATE 76.00 99.00	e was m le the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Burn	ade or establ te for each.	VICE idential	RATE	CATEGO Sports Cinema HBO Showti	BLOCK 2 DRY OF SERVICE & Entertain. IX me & TMC	13. 11. 17. 14.
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate chargo ption and includ BLOC RATE 76.00 99.00	e was m de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bury • Rec	ade or establ te for each. GORY OF SER ation: Non-res rel, hotel nmercial cable cable-add'l cl cable-add'l cl protection glar protection services: connect	VICE idential	these other serv	CATEGO Sports Cinema HBO Showti	BLOCK 2 DRY OF SERVICE & Entertain. IX me & TMC	13. 11. 17. 14.
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	separate chargo ption and includ BLOC RATE 76.00 99.00	e was m le the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bury • Bury • Rec • Disc	ade or establ te for each. ORY OF SER tion: Non-res el, hotel mmercial cable-add'l cl cable-add'l cl cable-add'l cl protection glar protection services: connect	VICE idential	RATE 30.00	CATEGO Sports Cinema HBO Showti	BLOCK 2 DRY OF SERVICE & Entertain. IX me & TMC	13. 11. 17. 14.
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate chargo ption and includ BLOC RATE 76.00 99.00	e was m de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur • Bur • Cher s • Rec • Disc • Out	ade or establ te for each. GORY OF SER ation: Non-res rel, hotel nmercial cable cable-add'l cl cable-add'l cl protection glar protection services: connect	VICE idential	RATE	CATEGO Sports Cinema HBO Showti	BLOCK 2 DRY OF SERVICE & Entertain. IX me & TMC	13. 11. 17. 14.

	LEGAL NAME OF OWNER O)F CABLE SYSTEM		SYSTEM
Name	NEX-TECH LLC			141
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary nsmitters: elevision	carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC rule • Do <i>not</i> list the station her station was carried <i>only</i> on	entify every television station (including m 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- ules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried	(1) stations carried only on a part-t ne carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su ne Special Statement and Program	time basis under rams [sections ations carried on a ubstitute program Log)—if the
	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 ente (for independent multicast) For the meaning of these to Column 4: Give the location	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. The number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. In case whether the station is a network sering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), of terms, see page (iv) of the general instru- on of each station. For U.S. stations, list idian stations, if any, give the name of th	rogram services such as HBO, ES e-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station	PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN KSNC	2. B'CAST CHANNEL NUMBER 2	3. TYPE OF STATION	4. LOCATION OF STATION GREAT BEND, KS
ows as Necessary	KSNC	2	N	GREAT BEND, KS
ows as Necessary	KSNC KLNE	2 3	N E	GREAT BEND, KS LEXINGTON, NE
ows as Necessary	KSNC KLNE KSNB	2 3 5	N E N	GREAT BEND, KS LEXINGTON, NE SUPERIOR, NE
ows as Necessary	KSNC KLNE KSNB KBSH	2 3 5 7	N E N N	GREAT BEND, KS LEXINGTON, NE SUPERIOR, NE HAYS, KS
ows as Necessary	KSNC KLNE KSNB KBSH KOOD	2 3 5 7 9	N E N N E	GREAT BEND, KS LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS
ows as Necessary	KSNC KLNE KSNB KBSH KOOD KGIN	2 3 5 7 9 11	N E N N E N N	GREAT BEND, KS LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE
ows as Necessary	KSNC KLNE KSNB KBSH KOOD KGIN KHGI	2 3 5 7 9 11 13	N E N N E N	GREAT BEND, KS LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE
ows as Necessary	KSNC KLNE KSNB KBSH KOOD KGIN KHGI KFXL MYTV	2 3 5 7 9 11 13 14	N E N N E N N	GREAT BEND, KS LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE
ows as Necessary	KSNC KLNE KSNB KBSH KOOD KGIN KHGI KFXL MYTV KWBL	2 3 5 7 9 11 13 14 15 16	N E N N E N N	GREAT BEND, KS LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE
ows as Necessary	KSNC KLNE KSNB KBSH KOOD KGIN KHGI KFXL MYTV KWBL KSCW	2 3 5 7 9 11 13 14 15 16 23	N E N N E N N N N I I I	GREAT BEND, KS LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS
ows as Necessary	KSNC KLNE KSNB KBSH KOOD KGIN KHGI KFXL MYTV KWBL KSCW KSAS	2 3 5 7 9 11 13 14 15 16 23 24	N E N N E N N N N I I I I I N	GREAT BEND, KS LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS
ows as Necessary	KSNC KLNE KSNB KBSH KOOD KGIN KHGI KFXL MYTV KWBL KSCW KSAS KWCH-DT2	2 3 5 7 9 11 13 14 15 16 23 24 110	N E N N E N N N N I I I I I N N N N N N	GREAT BEND, KS LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS
ows as Necessary	KSNC KLNE KSNB KBSH KOOD KGIN KHGI KFXL MYTV KWBL KSCW KSAS KWCH-DT2 KOOD-DT4	2 3 5 7 9 11 13 14 15 16 23 24 110 183	N E N N E N N N N I I I I N N N N E-M	GREAT BEND, KS LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS
ows as Necessary	KSNC KLNE KSNB KBSH KOOD KGIN KGIN KHGI KFXL MYTV KWBL KSCW KSAS KWCH-DT2 KOOD-DT4 KMTW-DT3	2 3 5 7 9 11 13 14 15 16 23 24 110 183 186	N E N N E N N N N N I I I I I N N N N N	GREAT BEND, KS LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS
ows as Necessary	KSNC KLNE KSNB KBSH KOOD KGIN KGIN KHGI KFXL MYTV KWBL KSCW KSAS KWCH-DT2 KOOD-DT4 KOOD-DT4 KMTW-DT3 KSAS-DT2	2 3 5 7 9 11 13 14 15 16 23 24 110 183 186 187	N E N N E N N N N N I I I I N N N E-M E-M I-M N-M	GREAT BEND, KS LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS
ows as Necessary	KSNC KLNE KSNB KBSH KOOD KGIN KGIN KHGI KFXL MYTV KWBL KSCW KSAS KWCH-DT2 KOOD-DT4 KMTW-DT3	2 3 5 7 9 11 13 14 15 16 23 24 110 183 186	N E N N E N N N N N I I I I I N N N N N	GREAT BEND, KS LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS
ows as Necessary	KSNC KLNE KSNB KBSH KOOD KGIN KGIN KHGI KFXL MYTV KWBL KSCW KSAS KWCH-DT2 KOOD-DT4 KOOD-DT4 KMTW-DT3 KSAS-DT2	2 3 5 7 9 11 13 14 15 16 23 24 110 183 186 187	N E N N E N N N N N I I I I N N N E-M E-M I-M N-M	GREAT BEND, KS LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS
ows as Necessary	KSNC KLNE KSNB KBSH KOOD KGIN KGIN KHGI KFXL MYTV KWBL KSCW KSAS KWCH-DT2 KOOD-DT4 KOOD-DT4 KMTW-DT3 KSAS-DT2	2 3 5 7 9 11 13 14 15 16 23 24 110 183 186 187	N E N N E N N N N N I I I I N N N E-M E-M I-M N-M	GREAT BEND, KS LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

Accounting F	Period: 2019/	/1					FORM	/I SA1-2E. PAGE 4
LEGAL NAME O		CABLE S	YSTEM:					SYSTEM ID
NEX-TECH I	LC							1413
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: In Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to ormation about rm. dentify the call state whether the the radio state this by placing	y the sys be rece t the Co sign of he statio ion's sig g a chec	I-Band FM Carriage: Under stem whenever it is received ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column.	at the system's system's FM ar this point, see p sed by the cable	headend, and (htenna, during o hage (v) of the system as a s	2) it car certain s general eparate	be expected, stated intervals. instructions in the. and discrete	Primary Transmitters: Radio
			ion (the community to which t the community with which th		-	CC or, ir	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KQMA	FM		PHILLIPSBURG, KS					
KKDT	FM		BURDETT, KS					
KREP	FM		BELLEVILLE, KS					

Accounting Perio	od: 2019/1					FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	NEX-TECH LLC						14131
					`		
	In General: In space I, identi substitute basis during the a						
Substitute	explanation of the programm	• •			-		
Carriage:	1. SPECIAL STATEMENT			ITUTE CARRIAGE			
Special	• During the accounting peri	od, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork telev <u>ision</u> prograr	n
Statement and Program Log	broadcast by a distant stat	tion?				YES	× NO
r rogram Log	Note: If your answer is "No"	leave the	rest of this nad	e blank. If your answer is "	Yes " vou mi		
	log in block 2.	, leave the	rest of this pag	e blank. If your answer is	res, you me	ist complete the progra	
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible, if their meaning is	3
	clear. If you need more spa				W) (1		
	Column 1: Give the title period, was broadcast by a			sion program ("substitute p			
	under certain FCC rules, reg						
	Do not use general categori	es like "mo					
	"NBA Basketball: 76ers vs.		laast live sets		- "		
				"Yes." Otherwise enter "N sting the substitute progra			
				e community to which the		nsed by the FCC or, in	
	the case of Mexican or Can						
	first. Example: for May 7 giv		when your syst	em carried the substitute p	program. Use	numerals, with the mo	nth
			e substitute pro	gram was carried by your o	cable svstem.	List the times accurate	elv
	to the nearest five minutes.						
	stated as "6:00-6:30 p.m."	"D" : ()					,
	to delete under FCC rules a			was substituted for progra			
	was substituted for program						am
	effect on October 19, 1976.	0 ,				U	
	s	UBSTITUT	E PROGRAM			N SUBSTITUTE	7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
							··· ·-
						_	
							····
						_	
						_	
							1

Accounting Period:	2019/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	SYSTEM ID# 14131
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	smission service
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 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. 	o \$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-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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)
	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	7,600)
	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) \$ 2. Filing Fee (See the instructions for more information on filing fee calculations) \$	52.00 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		67.00 hts!
	Important: Your remittance must be in the form of an electronic payment payable to the Re See page i of the general instructions in the paper SA1-2 form for more inforr		hts!

Accounting Period:	2019/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM:			SYSTEM ID 1413
M Channels	to its subscribers 1. Enter the total system carried t 2. Enter the total on which the ca	, and (2) the cable system's to number of channels on which television broadcast stations number of activated channels able system carried television	otal num n the cab s broadca		17
N Individual to Be Contacted		BE CONTACTED IF FURTHI bout this statement of accour		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Scott Roe		Telephone	785-625-7070
	Address	2418 Vine Street (Number, street, rural route, apartm Hays, KS 67601 (City, town, state, zip)	nent, or su	ite number)	
	Email	sroe@nex-tech.	com	Fax (optional)	
O Certification	 I, the undersigned (Owner (Agent in li X (Office in li I have examined 	d, hereby certify that (Check on o other than corporation or pa of owner other than corporat ine 1 of space B and that the ow er or partner) I am an officer (if ine 1 of space B. the statement of account and hay and correct to the best of my B	e, <i>but on</i> artnershi tion or pa vner is no a corpora ereby dec	ertified and signed in accordance with Copyright Office regulations <i>ly one</i> , of the boxes.) p) I am the owner of the cable system as identified in line 1 of space B artnership) I am the duly authorized agent of the owner of the cable sy ot a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified as own clare under penalty of law that all statements of fact contained herein le, information, and belief, and are made in good faith.	; or vstem as identified
				/s/ Rhonda S. Goddard electronic signature on the line above to certify this statement. mature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name:	Rhonda S. Goddard	
		Title: (Title of of		Financial Officer	
		Date:		08/26/2019	

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.

	019/1	FORM SA1-2E. PAG
	ER OF CABLE SYSTEM:	SYSTEM
(-TECH LLC		141
The Satellite Ho lowing sentence "In detern service o	ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: mining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemer Concerning Gros Receipts Exclusio
	nation on when to exclude these amounts, see the note on page (vii) of the general instructions aper SA1-2 form.	
•	unting period, did the cable system exclude any amounts of gross receipts for secondary transmissions e carriers to satellite dish owners?	
	the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
	SSESSMENT	
For an explanati	lete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessm
Line 1 Enter th	a amount of late payment or underpayment	
	e amount of late payment or underpayment	
	line 1 by the interest rate* and enter the sum here	
	x	
Line 2 Multiply	x	
Line 2 Multiply	x	
Line 2 Multiply Line 3 Multiply	Ine 1 by the interest rate* and enter the sum here - x - x days line 2 by the number of days late and enter the sum here - x - x - x - x - x - x - x - x 0.00274	
Line 2 Multiply Line 3 Multiply Line 4 Multiply	x - x - x - x - days - line 2 by the number of days late and enter the sum here	
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the	x - x - x days line 2 by the number of days late and enter the sum here - x - x - x - x - x - x 0.00274** line 3 by 0.00274** and enter here - L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the	line 1 by the interest rate* and enter the sum here	
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are	line 1 by the interest rate* and enter the sum here - x - x days line 2 by the number of days late and enter the sum here - x - x - x - x - x - x - x - x 0.00274 line 3 by 0.00274** and enter here - L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are list below the ow	Iine 1 by the interest rate* and enter the sum here - x - x days line 2 by the number of days late and enter the sum here - x 0.00274 - line 3 by 0.00274** and enter here - L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ e interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please e Licensing Division at (202) 707-8150 or licensing@loc.gov. - e decimal equivalent of 1/365, which is the interest assessment for one day late. - e filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are list below the ow	Iine 1 by the interest rate* and enter the sum here - x	
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are list below the ow Owner Address ID number	Iine 1 by the interest rate* and enter the sum here	
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are list below the ow Owner Address	Iine 1 by the interest rate* and enter the sum here	

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.