This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY DATE RECEIVED AMOUNT \$ 8-20-19 ALLOCATION NUMBER							
\$ 8-20-19	FOR COPYRIGHT OFFICE USE ONLY						
8-20-10	DATE RECEIVED	AMOUNT					
	8-20-19	7					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20191 Barcode Data Filing Period (optional - see instructions)
Accounting 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 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)

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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	NEX-TECH LLC	310
	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.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile l	home parks should be reported in parentheses below the
Served	identified city.	
		1
	CITY OR TOWN	STATE
First	HILL CITY	KS
Community	BOGUE	KS
	PALCO	KS
Rows as Necessary	DAMAR	KS
	MORLAND	KS
	ZURICH	KS

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NEX-TECH LLC

SYSTEM ID# 31082

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
Service to first set	801	30.00	PREMIERE	625	46.00		
 Service to additional set(s) 							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	76.00	Motel, hotel		Sports & Entertain.	13.95
 Pay cable—add'l channel 		Commercial		Cinemax	11.95
 Fire protection 		Pay cable		НВО	17.95
Burglar protection		Pay cable-add'l channel		Showtime & TMC	14.95
Installation: Residential		Fire protection		Starz! Encore	12.95
 First set 	99.00	Burglar protection			
 Additional set(s) 	110.00	Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	110.00		
		Move to new address	99.00		

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 31082

NEX-TECH LLC

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

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

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KSNC	2	N	GREAT BEND, KS
KBSH	7	N	HAYS, KS
KOOD	9	E	HAYS, KS
KAKE	10	N	WICHITA, KS
KMTW	17	<u> </u>	WICHITA, KS
KSCW	23	<u> </u>	WICHITA, KS
KSAS	24	N	WICHITA, KS
KWCH-DT2	110	N-M	WICHITA, KS
KAKE-DT2	180	N-M	WICHITA, KS
KMTW-DT2	181	I-M	WICHITA, KS
KSCW-DT3	182	I-M	WICHITA, KS
KOOD-DT4	183	E-M	HAYS, KS
KSCW-DT2	184	I-M	WICHITA, KS
KSAS-DT3	185	N-M	WICHITA, KS
KMTW-DT3	186	I-M	WICHITA, KS
KSAS-DT2	187	N-M	WICHITA, KS
KOOD-DT3	189	E-M	HAYS, KS
KSCW-DT4	190	I-M	WICHITA, KS

Accounting	Period: 2	2019/ [^]	1
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FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

NEX-TECH LLC 31082

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

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

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KKOV	FM		HILL CITY, KS				
KKQY KKDT	FM	 	BURDETT, KS				
KKDI	1 101		BONDETT, NO				
	 		 				
	 						
	 						
			 				
			 				
			 				
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Accounting Perio	d: 2019/1						FOR	M SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#			
Name	NEX-TECH LLC							31082			
ı	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac	y every nor	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	by a <i>distant</i> sta FCC rules, regu	lations, or a	uthorizations.	For a further			
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special Statement and	 During the accounting peri- 	od, did you	r cable system	carry, on a substitute ba	isis, any nonne	etwork telev	ision prograr				
Program Log	broadcast by a distant stat	ion?					YES	X NO			
	Note: If your answer is "No"	leave the	rest of this nad	e blank. If your answer i	s "Yes " vou m	ust complet	e the progra				
	-	, icave tric	rest of this pag	c blank. If your answer i	3 1C3, you ii	ust complet	to the progra	'''			
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in										
	effect on October 19, 1976.										
	0	IDOTITLIT	E DDOODAN			EN SUBST		7 DEACON FOR			
	Si		E PROGRAM			RIAGE OCC	TIMES	7. REASON FOR DELETION			
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO				
							_				
								"			
							_				
								"			
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	LEGAL NAME OF O	WNER OF CABLE	SYSTEM:							SA1-2E. PAGE
Name	NEX-TECH L									3108
K Gross Receipts	during the a	the figure you pss receipts) p space E) during general instruipts from subs accounting pe	aid to your ong the accounctions located in scribers for scribers	cable system to unting period. ted in the pape secondary tran	by subscribe For a further er SA1-2 forn asmission se	rs for the explana n. rvice(s)	system's	s secondary tra bw to compute	ansmission ser this amount, se	vice ee 37,217.99
	IMPORTANT: Y	ou must com	plete a state	ment in space	e P concernir	ng gross	receipts.		(Amount of	gross receipts)
L Copyright Royalty Fee	COPYRIGHT RO Instructions: To d • Complete block • Use block 1 if th • Use block 2 if th • Use block 3 if th See page (vi) of the	compute the ro 1, block 2, or ne amount of g ne amount of g ne amount of g	oyalty fee yo block 3. gross receipt gross receipt gross receipt	ts in space K i ts in space K i ts in space K i	s more than s more than	\$137,10 \$263,80	0 but less	than \$527,60		
			BLOC	K 1: GROSS	RECEIPTS	OF \$13	7,100 OI	RLESS		
	Instructions: As a accounting perior		with gross re	eceipts of \$137	7,100 or less,	the royal	ty fee tha	t you must pay	for this six-mon	th
	Line 1. Royalty fe	ee for accounti	na period							
	Line 2. Interest c									0.00
	Line 2. Interest C	marge. Enter t	rie arriourit ir	om line 4, spac	ce Q, page o					0.00
	Line 3. TOTAL R	ROYALTY FEE	PAYABLE	FOR ACCOUN	NTING PERIC	D Add li	nes 1 and	12	· · · · <u> </u>	
		BLOCK	2: GROSS	RECEIPTS (OF \$263,800	OR LE	SS (but	more than \$13	37,100)	
	Base amount	under statutory	formula				\$	263,800.0	<u>0</u>	
	2. Enter amount		•					•	9_	
	3. Subtract line 2	2 from line 1					\$	126,582.0	<u>1_</u>	
	4. Enter the amo	-								_
	5. Enter the amo								126,582.01	_
	6. Subtract line 5									_
	7. Multiply line 6									53.18
	8. Interest charge	e. Enter the ar	mount from li	ne 4, space Q,	page 8				• •	0.00
	9. TOTAL ROYA	ALTY FEE PAY	ABLE FOR	ACCOUNTING	G PERIOD. A	dd lines 7	7 and 8		\$	53.18
		BLOCK 3	: GROSS F	RECEIPTS OF	F MORE TH	IAN \$26	3,800 (bi	ut less than \$5	527,600)	
	1. Enter the amo	ount of gross re	ceipts from s	space K						
	2. Base amount	under statutory	formula				\$	263,800.0	0	
	3. Subtract line 2	2 from line 1								
	4. Multiply line 3	by .01						**		_
	5. Royalty due or	n the first \$263	,800 of gross	s receipts (und	er statutory fo	ormula) .		\$	1,319.00	_
	6. Interest charge	e. Enter the ar	mount from li	ine 4, space Q,	, page 8				0.00	_
	7. TOTAL ROYA	ALTY FEE PAY	ABLE FOR	ACCOUNTING	G PERIOD. A	dd lines 4	1, 5, and 6	 3		
			FILING FFI	E AND TOTA	L REMITTA	NCF DI	JE			
							-			
Filing Fee and Fotal Remittance	1. Royalty Fee P	ayable for Acc	ounting Perio	od (from Block	1, 2, or 3, ab	ove)		\$	53.18	_
Due	2. Filing Fee (Se	e the instruction	ns for more i	information on	filing fee calc	ulations)		<u>\$</u>	20.00	_
	3. TOTAL AMOU	UNT DUE FOR	ACCOUNT	ING PERIOD.	Add lines 2	and 3			\$	73.18
		2021011			2				<u> </u>	. 5.1.0
	Importan	t: Your remit	tance must	be in the form	of an electr	onic pay	ment pay	able to the Re or more inform	gister of Copy	rights!

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name	NEX-TECH LLC	WNER OF CABLE SYSTEM:		SYSTEM ID# 31082
M Channels	to its subscribers, 1. Enter the total n system carried to 2. Enter the total n on which the cab	and (2) the cable system's to number of channels on which elevision broadcast stations. number of activated channels ble system carried television b		18 342
N Individual to Be Contacted		BE CONTACTED IF FURTHE	R INFORMATION IS NEEDED (Identify an individual to whom)	
for Further Information	Name	Scott Roe	Telepho	785-625-7070
		2418 Vine Street (Number, street, rural route, apartm Hays, KS 67601	nt, or suite number)	
		(City, town, state, zip)		
	Email	sroe@nex-tech.o	omFax (optional)	
O Certification	• I, the undersigned	i, hereby certify that (Check one	t be certified and signed in accordance with Copyright Office regulation, but only one, of the boxes.) thership) I am the owner of the cable system as identified in line 1 of space.	
	(Agent c in lir	of owner other than corporatine 1 of space B and that the ow	on or partnership) I am the duly authorized agent of the owner of the cable sign as the component of the legal entity identified as the component of the cable sign and the component of the cable sign and the component of the cable sign and the component of the cable sign as the cable sign and the cable sign as the cable sign and the cable sign as the	e system as identified
		and correct to the best of my k	reby declare under penalty of law that all statements of fact contained here nowledge, information, and belief, and are made in good faith.	ein
			X /s/ Rhonda S. Goddard	_
			inter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	ame: Rhonda S. Goddard	
			Chief Financial Officer cial position held in corporation or partnership)	
		Date:	08/26/2019	

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ounting Period: 2019/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
X-TECH LLC	31082
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address Address	
ID number First community served Accounting period	

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