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 FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT 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 Period		20191 Barcode Data Filing Period (optional - see instructions)	
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.	62017
		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 un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System		IDENTIFICATION OF CABLE SYSTEM:	
Cycloni	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 sufficiency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	NEX-TECH LLC	62017
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, identified city.	or mobile home parks should be reported in parentheses below the
		STATE
First	CITY OR TOWN VICTORIA	STATE KS
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM I
Name	NEX-TECH LLC	ADEL OTOTEM.						010	620
Е	SECONDARY TRANSMISSION			-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							-	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondar each category by counting the n								
	separately for the particular serv							onargoa	
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc	• •	,		ny standar	d rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide	e to their subsc	ribers. Gi	ve the numbe	r of subsc	ribers and rate f	for each lis	ted category	
	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								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.	and rates, in the	e nym-na			e-word description		ervice is	
	BLO	OCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:							0.40	
	Service to first set		306	30.00	PREMI	EKE		249	46
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
			1						
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat	•	,		•	, ,			
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually b	illed. If any ra	tes are ch	arged on a varia	able per-pr	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	system for ea	ch of the a	onlicable servic	es listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				shed. List	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip	otion and incluc	le the rate	e for each.			1		
		BLO						BLOCK 2	
		RATE		DRY OF SER		RATE	CATEGO	ORY OF SERVICE	RA
	CATEGORY OF SERVICE			ion: Non-res	idential		Sporte	& Entertain.	
	Continuing Services:						Shours	α Entertain.	12
	Continuing Services: • Pay cable	76.00	• Mote	l, hotel			Cinoma		
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Mote • Com	l, hotel mercial			Cinema HBO		11
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Mote • Com • Pay	l, hotel mercial cable	annel		HBO	X	11 17
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		• Mote • Com • Pay • Pay	l, hotel mercial cable cable-add'l ch	annel		HBO Showti	nx me & TMC	11 17 14
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	76.00	• Mote • Com • Pay • Pay • Fire	I, hotel mercial cable cable-add'l ch protection	annel		HBO	nx me & TMC	11 17 14
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		• Mote • Com • Pay • Pay • Fire	I, hotel mercial cable cable-add'l ch protection lar protection	annel		HBO Showti	nx me & TMC	11 17 14
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	76.00	• Mote • Com • Pay • Pay • Fire • Burg Other se	I, hotel mercial cable cable-add'l ch protection lar protection	annel	30.00	HBO Showti	nx me & TMC	11 17 14
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	76.00	• Mote • Com • Pay • Pay • Fire • Burg Other se • Reco	I, hotel mercial cable cable-add'l ch protection lar protection ervices:	annel	30.00	HBO Showti	nx me & TMC	11 17 14
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	76.00	• Mote • Com • Pay • Pay • Fire • Burg Other so • Reco	I, hotel mercial cable cable-add'l ch protection lar protection ervices: onnect	annel	30.00	HBO Showti	nx me & TMC	13 11 17 14 12

ounting Period: 2	2019/1			FORM SA1-2E. P/
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
	NEX-TECH LLC			62
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pi d with a station according to its over-the-	(1) stations carried only on a part- the carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sult the Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct rogram services such as HBO, ESF -air designation. For example, report vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNC	2	N	GREAT BEND, KS
	KBSH	7	Ν	HAYS, KS
s as Necessary	KOOD	9	E	HAYS, KS
	KAKE	10	N	WICHITA, KS
	кмтw	17	I	WICHITA, KS
	KSCW	23	l	WICHITA, KS
	KSAS	24	Ν	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 I	Period: 2019	/1						FORM	/I SA1-2E. PAGE 4.
LEGAL NAME O		ABLE SY	/STEM:						SYSTEM ID# 62017
	st every radio s	tation ca	arried on a separate and disc nerally receivable by your ca						н
receivable if (1 on the basis of For detailed inf paper SA1-2 fo 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 recein t the Co sign of the he static ion's sig g a check n's locati	I-Band FM Carriage: Under stem whenever it is received a ved 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. on (the community to which th the community with which th	at synth sse	the system's he ystem's FM ante is point, see pa id by the cable s e station is licen:	eadend, and (2 enna, during c ge (v) of the g system as a so sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KKQY	FM		HILL CITY, KS	Π					
KRSL	FM		RUSSELL, KS						
KKDT	FM		BURDETT, KS						
	<u>+</u>								
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Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	NEX-TECH LLC							62017
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I OO	3			
I I	In General: In space I, identi					ion that your	cable syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	general instr	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basis	s, any nonnet	twork television	on program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete t	the prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				vherever pos	sible, if their I	meaning is	
	clear. If you need more spa Column 1: Give the title			ision program ("substitute p	program") that	t, during the a	accounting	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substituted	for the prog	ramming of a	nother stat	tion
	under certain FCC rules, re Do not use general categor							1.
	"NBA Basketball: 76ers vs.		vies of baske	toall. List specific program		ample, i Love	e Lucy Of	
				r "Yes." Otherwise enter "N				
				sting the substitute programe community to which the		nead by the F	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mor	th and day		tem carried the substitute p			ith the mor	nth
	first. Example: for May 7 giv		substituto pro	gram was carried by your o	able system	List the time	e accurato	h.
	to the nearest five minutes.							iy
	stated as "6:00–6:30 p.m."				•			
	Column 7: Enter the letter to delete under FCC rules a			was substituted for progra				
	was substituted for program							am
	effect on October 19, 1976.		·			-		
					WHE	N SUBSTIT		
	s	UBSTITUT	E PROGRAM	I		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	
							<u>-</u>	
							-	
							-	
							-	
							-	
						_	-	
						_	-	
						·		

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	S	YSTEM ID: 62017
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. I all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (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 servic s amount, see	e 2,895.06
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.	\$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	\$	52.00
	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 \$52	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 Foc and			
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 Regi See page i of the general instructions in the paper SA1-2 form for more informa		hts!

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF	F OWNER OF CABLE SYSTEM: LC	SYSTEM ID# 62017
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. total number of channels on which the cable ed television broadcast stations	18 346
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Scott Roe Telephone 785-6	525-7070
	Address	2418 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	I, the undersig (Ow (Age X (Off I have examin are true, complete	Image: Normal statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, but only one, of the boxes.) Image: Normal statement of account or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent 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 ficer 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. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein lefe, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] Image: Market and Bill statement is a corporation in 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: 08/26/2019	

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	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
-TECH LLC	620
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 4. Entry the answer of the assessment of the assessment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- -
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- - -
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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