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 8-20-19 Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	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	
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these are 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 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	62953
D	Instructions: List each separate community served by the cable system. A "commur "a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
		1
First	CITY OR TOWN OLMITZ	STATE KS
Community		
Add Rows as Necessary		
	กลายแน่นการการการการการการการการการการการการการก	
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	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM I
Name	NEX-TECH LLC							010	629
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the ni separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide	pace E should on of television hay cable) in sp I (June 30 or D h blocks in space y transmission umber of billing ice at the rate i harged for eac . (Example: "\$2 ounts allowed in space E, the	cover all c and radio ace F, not ecember 3 ce E call fo service. In gs in that ca ndicated— h category 20/mth"). S for advanc e form lists	ategories of broadcasts b here. All the 1, as the cas or the number general, you ategory (the not the num of service. In ummarize ar e payment. the categori	secondary by your system facts you se may be r of subsci a can com number of ber of sets nclude bot by standar es of seco	stem to subscril state must be t). ribers to the cat pute the numbe persons or org s receiving serv th the amount o d rate variations	bers. Give i hose existi ole system, er of subscr anizations ice). If the charg s within a p sion servic	nformation ng on the broken ibers in charged e and the articular rate e that cable	
	that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	Where an ind should be cour ble service to a once again und has rate catego iers of services and rates, in the	dividual or nted as a s additional s er "Service ories for se that inclue	organization ubscriber in sets would be to additiona condary tran de one or mo	is receivir each appli e included l set(s)." smission pre second	ng service that f icable category in the count un service that are lary transmissic	falls under of . Example: der "Servic different fr ons), list the ion of the so	different a residential e to the om those em, together ervice is	
	BLO	OCK 1 NO. OF	· · · ·				BLOCK	X 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		50	30.00	PREMI	ERE		44	46.
	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 SEC In General: Space F calls for rat 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	e (not subscrib hose services t e two exceptio or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) informa that are no ns: you do nished to no usually bill he cable sy stem furnis e was mad	ation with res t offered in c not need to onsubscriber led. If any rat ystem for eached or offere de or establis	spect to all ombinatio give rate i rs. Rate in tes are cha ch of the a red during t	n with any secon nformation cond formation shoul arged on a varia pplicable servic he accounting p	ondary trans cerning (1) Id include b able per-pro ces listed. period that	smission services oth the ogram basis, were not	
		BLO			#0 5	DATE	047500	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		RY OF SER\ on: Non-resi		RATE	CATEGO	DRY OF SERVICE	RAT
	Pay cable	76.00	• Motel,				Sports	& Entertain.	13.
	• Pay cable—add'l channel		• Comm	nercial			Cinema		11.
	Fire protection		• Pay ca				HBO		17.
	•Burglar protection			able-add'l ch	annel			me & TMC	14.
	Installation: Residential	00.00		rotection			Starz! E	ncore	12.
	 First set Additional set(s) 	99.00 110.00	• Burgia Other ser	r protection					
	. ,	110.00	• Recor			30.00			
	 FM radio (if separate rate) Converter 		Discore						
			 Discor 			110.00			

ounting Period: 2	2019/1			F	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:			SYSTEM ID
	NEX-TECH LLC				6295
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 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 Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast). For the meaning of these te Column 4: Give the location	entify every television station (including im during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6) is explained in the next paragraph. With respect to any distant stations calles, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried 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	(1) stations carried only on a part- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sume special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram 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 educated interiors 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 eendent), "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	
as Necessary	KOOD	9	E	HAYS, KS	
	KAKE	10	Ν	WICHITA, KS	
	KMTW	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	

-	Period: 2019						FORM	I SA1-2E. PAGE
	F OWNER OF C	ABLE S	YSTEM:					SYSTEM II
NEX-TECH	LLC							629
	ANSMITTERS:						nied en en	н
			arried on a separate and discr nerally receivable by your cat					
	-	-						
			II-Band FM Carriage: Under (stem whenever it is received a					Primary Transmitters:
			ived at the headend, with the					Radio
	-		opyright Office regulations on		-			
paper SA1-2 fo								
		-	each station carried.					
			on is AM or FM. nal was electronically process	ed by the cable of	evetem as a s	anarata	and discrete	
		-	k mark in the "S/D" column.		5y3tem a3 a 3	sparate		
			on (the community to which the	ne station is licen	sed by the FC	C or, in	the case of	
Mexican or Ca	nadian stations	s, if any,	the community with which the	station is identifi	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0		ON LE OIGH		5,0	LOOKHON OF STATION	
KRSL	AM		RUSSELL, KS					
	FM		RUSSELL, KS					
KDT	FM		BURDETT, KS					
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Accounting Perio	od: 2019/1						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	NEX-TECH LLC						62953
	SUBSTITUTE CARRIAGI	E: SPECIA			G		
I I	In General: In space I, identi					ion that your cable	system 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	e general instr	uctions in the pape	r 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 basi	s, any nonne	twork television pro	
Program Log	broadcast by a distant star	tion?				YE	ES XNO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ust complete the pr	rogram
	log in block 2.			·	•		-
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst				wherever pos	sible, if their mean	iing is
	clear. If you need more spa			rows to the tables. Ision program ("substitute p	program") that	it during the accou	Inting
	period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Love Luc	y" or
			dcast live, ente	r "Yes." Otherwise enter "N	0."		
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	m.		
	Column 4: Give the broat the case of Mexican or Can			e community to which the			or, in
				tem carried the substitute p			e month
	first. Example: for May 7 giv	ve "5/7."			-		
				gram was carried by your o			
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. snouid c	e
	Column 7: Enter the lette			was substituted for progra			
	to delete under FCC rules a						program
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete undel	FCC rules a	ind regulations in	
		דו ודודססו ו	E PROGRAM			EN SUBSTITUTE	D 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		то
						_	
						_	
						_	
						_	
						_	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	S	YSTEM ID# 62953
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 this 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 7,822.82
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,	. ·	
	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	-	
	A. 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 Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more information		hts!

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	SYSTEM ID# 62953
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	18 343
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Scott Roe Telephone	785-625-7070
	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	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ Rhonda S. Goddard Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	stem as identified
	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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unting Period: 2019/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
-TECH LLC	629
 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? X NO 	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
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.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	L L
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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