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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instructions are located in the first tab of this workbook	02/14/20	\$ ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
		(VV//Doried))	J

	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20192 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.	29488
		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		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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 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 1 SYSTEM ID
Name	NEX-TECH LLC	29488
D	Instructions: List each separate community served by the cable system. "a separate and distinct community or municipal entity (including uninc discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first communi	A "community" is the same as a "community unit" as defined in FCC rules: orporated communities within unincorporated areas and including single, ty that you list will serve as a form of system identification hereafter know
Area	as the "first community." Please use it as the first community on all futu Note: Entities and properties such as hotels, apartments, condominium	
Served	identified city.	
	CITY OR TOWN	STATE
First Community	KIRWIN	KS
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM II
Name	NEX-TECH LLC	ADEL OTOTEM.						010	2948
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission of	envice of t	he cable	
—	system, that is, the retransmission			-		-			
Secondary	about other services (including p	ay cable) in sp	ace F, n	ot here. All the	facts you	state must be t			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						olo svetom	brokon	
scribers and	down by categories of secondary								
Rates	each category by counting the n					•		charged	
	separately for the particular serv Rate: Give the standard rate c							ne and the	
	unit in which it is generally billed								
	category, but do not include disc								
	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 o					I in the count un	der "Servi	ce to the	
	Block 2: If your cable system I	-			• • •	service that are	different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	ind rates, in the	e right-h	and block. A tv	o- or thre	e-word descripti	on of the s	service is	
		DCK 1					BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCIND			U/AII		(VIOL	GODGORIDERG	
	Service to first set		15	39.95					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	 Residential Non-residential 								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	5				
F	In General: Space F calls for rat	•	,		•	•			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services	or facilities furr	nished to	o nonsubscribe	rs. Rate ir	formation shou	ld include	both the	
Other Than	amount of the charge and the un		usually	billed. If any ra	tes are ch	arged on a varia	able per-p	rogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	e system for ea	ch of the a	applicable servio	ces listed.		
Rates	Block 2: List any services that	• •			-	• •			
	listed in block 1 and for which a solution brief (two- or three-word) descrip				shed. List	these other ser	vices in the	e form of a	
						I			
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER		RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:			tion: Non-res		TOTE	ONTEO		
	• Pay cable	39.95	• Mot	el, hotel			Showti	ime	14.
	 Pay cable—add'l channel 		• Cor	nmercial					
	 Fire protection 		· ·	cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential	00.00		protection					
	First set Additional set(s)	99.00		glar protection services:					
	 Additional set(s) FM radio (if separate rate) 	110.00		connect		30.00			
	• Converter			connect		30.00			
				let relocation		110.00			
				/e to new addr	ess	99.00			
	1		•				K		

lame	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTI
ame	NEX-TECH LLC			
	PRIMARY TRANSMITTERS:	TELEVISION		
G smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic 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	also in space I, if the station was carrie ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	t (1) stations carried only on a part he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a su the Special Statement and Program ed both on a substitute basis and al , see page (v) of the general instru- torogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. t the community to which the statio	-time basis under grams [sections tations carried on a ubstitute program n Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community er the air in its community a noncommercial pendent), "I-M" ational multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBSH	7	N	HAYS, KS
	KSNK	8	N	McCOOK, NE
vs as Necessary	KOOD	10	E	HAYS, KS
,				
	KGIN	11	Ν	GRAND ISLAND, NE
	KGIN KAKE	11 13	N N	GRAND ISLAND, NE WICHITA, KS
	KAKE	13	N	WICHITA, KS
	KAKE	13	N	WICHITA, KS
	KAKE	13	N	WICHITA, KS
	KAKE	13	N	WICHITA, KS
	KAKE	13	N	WICHITA, KS
	KAKE	13	N	WICHITA, KS
	KAKE	13	N	WICHITA, KS
	KAKE	13	N	WICHITA, KS
	KAKE	13	N	WICHITA, KS
	KAKE	13	N	WICHITA, KS
	KAKE	13	N	WICHITA, KS
	KAKE	13	N	WICHITA, KS
	KAKE	13	N	WICHITA, KS
	KAKE	13	N	WICHITA, KS
	KAKE	13	N	WICHITA, KS
	KAKE	13	N	WICHITA, KS

EGAL NAME OF		CABLE SY	/STEM:					SYSTEM II 294
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried b monitoring, to prmation abou rm. dentify the call tate whether to the radio state this by placing Sive the station	y the sys be rece it the Co l sign of the static tion's sig g a chec n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which to the community with which the	at the system's he system's FM ant this point, see pa sed by the cable s he station is licen	eadend, and (enna, during o age (v) of the g system as a s used by the FC	2) it can certain s general eparate	be expected, tated intervals. instructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/2					FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	NEX-TECH LLC						29488
	SUBSTITUTE CARRIAGE				2		
	In General: In space I, identi					ion that your cable syste	em carried on a
-	substitute basis during the a						
Substitute	explanation of the programm				e general inst	ructions in the paper SA	1-2 form.
Carriage:	1. SPECIAL STATEMENT						
Special Statement and	 During the accounting peri 		r cable system	carry, on a substitute basi	s, any nonnet	twork television prograr	
Program Log	broadcast by a distant stat	ion?				YES	NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is "	'Yes," you mu	ust complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE			te line. I her ekknedistiener		aile la lifethair maanimarie	
	In General: List each subst clear. If you need more spa		•		wherever pos	sible, if their meaning is	6
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute p			
	period, was broadcast by a under certain FCC rules, reg						
	Do not use general categori						
	"NBA Basketball: 76ers vs.	Bulls."					
				r "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 give		when your syst	tem carried the substitute p	brogram. Use	numerals, with the mo	nth
	Column 6: State the time	es when the		gram was carried by your o			ely
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	mming that v	our system was require	d
	to delete under FCC rules a						
	was substituted for program effect on October 19, 1976.	ming that y	our system wa	s permitted to delete under	r FCC rules a	nd regulations in	
						N SUBSTITUTE	
	S					AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM – TO	
						_	
		-					
							··· ·-
							
						_	
						_	

Accounting Period:	2019/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	SYSTEM ID# 29488
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 trans (as identified in space E) during the accounting period. For a further explanation of how to compute th page (vii) of the general instructions located in the paper SA1-2 form.	smission service
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period	\$ 3,877.85 (Amount of gross receipts)
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 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	\$ 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)
	1. Base amount under statutory formula	
	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	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	
	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)	52.00 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 Re See page i of the general instructions in the paper SA1-2 form for more inform		nts!

Accounting Period:	2019/2				FORM SA1-2E. PAGE
Name	LEGAL NAME OF O NEX-TECH LLC	WNER OF CABLE SYSTEM:			SYSTEM ID 2948
M Channels	to its subscribers Enter the total system carried 2. Enter the total on which the call 	, and (2) the cable system's tota number of channels on which t television broadcast stations number of activated channels ble system carried television br	tal numb the cabl		6
N Individual to		BE CONTACTED IF FURTHER bout this statement of account.		RMATION IS NEEDED (Identify an individual to whom	
Be Contacted for Further Information	Name	Scott Roe		Telepho	ne 785-625-7070
	Address 	2418 Vine Street (Number, street, rural route, apartmen Hays, KS 67601 (City, town, state, zip)	ent, or suit	e number)	
	Email	sroe@nex-tech.co	om	Fax (optional)	
O Certification	 I, the undersigned (Owner (Agent in li X (Office in li I have examined 	d, hereby certify that (Check one, other than corporation or part of owner other than corporatio ine 1 of space B and that the own er or partner) I am an officer (if a ine 1 of space B. the statement of account and here , and correct to the best of my known	, <i>but only</i> tnership on or pa ner is nor a corpora	b) I am the owner of the cable system as identified in line 1 of space rtnership) I am the duly authorized agent of the owner of the cable	e B; or e system as identified wner of the cable system
		E Typed or printed na Title:	Enter sigr name: Chief I	/s/ Rhonda S. Goddard electronic signature on the line above to certify this statement. ature using an "/s/ signature" (e.g., /s/ John Smith) Rhonda S. Goddard Financial Officer on held in corporation or partnership)	
		Date:		02/26/2020	

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	2019/2	FORM SA1-2E. PAG
	NER OF CABLE SYSTEM:	SYSTEM
-TECH LLC	1	294
The Satellite He lowing sentenc "In dete service	TATEMENT 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: rmining 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 Stateme Concerning Gros
	nation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	Receipts Exclusi
•	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions ite carriers to satellite dish owners?	
	r the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
	ASSESSMENT	
You must comp	blete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Ition of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
		• • • •
		Interest Assessm
Line 1 Enter th	he amount of late payment or underpayment	Interest Assessm
Line 1 Enter ti	x	Interest Assessm
	x	Interest Assessm
	x	Interest Assessm
Line 2 Multiply	y line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply	y line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply	y line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply	y line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space	x	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th	x	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th	y line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th	x	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a	y line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a	x	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you at list below the or	x	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you al list below the or Owner Address	x	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you at list below the of Owner Address ID number	y line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you at list below the or Owner Address	x	Interest Assessm

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.