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

STATEME	INT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:		
		ansmissions by	DATE RECEIVED	AMOUNT	_		
Cable Syster	ms (S	Short Form)		\$	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright		
in the first tab of			08/20/2020		Office Licensing Division at: Tel: (202) 707-8150		
In the first tab t	oi triis	WOLKDOOK		ALLOCATION NUMBER			
A	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y	YYY/(Period))			
		2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
		20201	Barcode Data Filing Period (optiona	I - see instructions)			
Accounting Period							
В		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		idiary of another corporation, give the full co	rporate title		
Owner		List any other name or names under which	the owner conducts the business of t	he cable system.			
		If there were different owners during the a single statement of account and royalty fee		the last day of the accounting period should s ting period.	submit a		
		Check here if this is the system's first filing	. If not, enter the system's ID number	assigned by the Licensing Division.	62953		
		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 nu	imber)				
		LENORA, KS 67645 (City, town, state, zip)					
С				ntify the business and operation of the			
System	names	s already appear in space B. In line 2	2, give the mailing address of th	e system, if different from the address	s given in space B.		
System	1	IDENTIFICATION OF CABLE STOTEM.					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	(Number, street, rural route, apartment, or suite nu	imber)				
		(City, town, state, zip code)					
		<u> </u>					

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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	NEX-TECH LLC	62953 A "community" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including uninc discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first commun as the "first community." Please use it as the first community on all fut	orporated communities within unincorporated areas and including single, ity that you list will serve as a form of system identification hereafter known ure filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominium identified city.	s, or mobile home parks should be reported in parentheses below the
Served		
	CITY OR TOWN	STATE
First	OLMITZ	KS
Community		
Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				FORM SA1-	TEM II
Name	NEX-TECH LLC							629
E Secondary Transmission	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissi about other services (including p last day of the accounting period	pace E should on of television bay cable) in sp	l cover all categorie a and radio broadca bace F, not here. A	es of secondar lists by your sy Il the facts you	stem to subscri state must be	bers. Give	information	
Service: Sub- scribers and Rates	Number of Subscribers: Both down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide	y transmission umber of billin ice at the rate harged for eac . (Example: "\$ counts allowed in space E, th e to their subso	service. In general gs in that category indicated—not the ch category of servi 20/mth"). Summari. for advance paymore form lists the cat cribers. Give the nu	, you can com (the number of number of set ce. Include bo ze any standar ent. egories of sec mber of subsc	pute the number f persons or org s receiving servent th the amount of rd rate variation ondary transmis pribers and rate	er of subsc ganizations vice). of the charg s within a p ssion servio for each lis	ribers in charged ge and the particular rate ce that cable sted category	
	that applies to your system. Not 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.	should be cou able service to once again unc has rate categ iers of service and rates, in th	nted as a subscribe additional sets wou ler "Service to addi ories for secondary s that include one o	er in each appl Ild be included tional set(s)." r transmission or more second	licable category I in the count ur service that are dary transmissio	. Example: nder "Servio different fi ons), list the ion of the s	a residential ce to the rom those em, together service is	
	BLC	DCK 1 NO. OF	-			BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		CATE	GORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		52 30.0	0 PREMIE	EMIERE			48.
	Service to additional set(s) FM radio (if separate rate) Motel, hotel							
	Commercial Converter							
	Residential Non-residential							
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There an 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 ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscri hose services re two exceptio or facilities fur hit in which it is rate column. te charged by t your cable sy separate charge	ber) information with that are not offered ons: you do not nee nished to nonsubso usually billed. If ar the cable system for stem furnished or of ge was made or est de the rate for each	h respect to a l in combinatic d to give rate rribers. Rate ir ny rates are ch r each of the a offered during t tablished. List	on with any seco information con iformation shou harged on a vari applicable servi the accounting	ondary tran cerning (1) ld include l able per-pi ces listed. period that	esmission) services both the rogram basis, were not	
	CATEGORY OF SERVICE	RATE	CATEGORY OF S	ERVICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:		Installation: Non-					
	• Pay cable • Pay cable—add'l channel	78.00	• Motel, hotel • Commercial			Cinema	& Entertain. ax	13. 11.
	Fire protection Burglar protection		 Pay cable Pay cable-add 			HBO Showtin Starz! E	me & TMC	17. 10.
	Installation: Posidential							12
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	99.00 110.00	Fire protection Burglar protec Other services: Reconnect		30.00			12

ccounting Period:	2020/1			FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID						
Nume	NEX-TECH LLC			6295						
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary	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, <i>except</i> (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									
Transmitters: Television	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:									
		e in space G—but do list it in space I (th	e Special Statement and Program	n Log)—if the						
	basis. For further informati Column 1: List each statio	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 pu d with a station according to its over-the- the form.	see page (v) of the general instruc rogram services such as HBO, ES	ctions. SPN, etc. Identify each						
		el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.	vision station for broadcasting ove	er the air in its community						
	Column 3: Indicate in eacl	n case whether the station is a network s ering the letter "N" (for network), "N-M" (f	, , ,							
	(for independent multicast)	, "E" (for noncommercial educational), or	"E-M" (for noncommercial educa							
		erms, see page (iv) of the general instruction of each station. For U.S. stations, list		n is licensed by the						
	FCC. For Mexican or Cana	dian stations, if any, give the name of th	e community with which the static	on is identified.						
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE O		3. TYPE OF STATION	4. LOCATION OF STATION						
	KSNC	2	Ν	GREAT BEND, KS						
	КВЅН	7	Ν	HAYS, KS						
Rows as Necessary	KOOD	9	E	HAYS, KS						
	KAKE	10	Ν	WICHITA, KS						
	кмтw	17	l	WICHITA, KS						
	KSCW	23	I	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-DT3	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-DT2	189	E-M	HAYS, KS						
	KSCW-DT4	190	I-M	WICHITA, KS						

NEX-TECH	DF OWNER OF (JABLE S	U U EM.					SYSTEM I 629
n General: Lis		station ca	arried on a separate and discr enerally receivable by your cab					н
eceivable if (1 on the basis of For detailed inf paper SA1-2 for Column 1: I Column 2: S Column 3: I isignal, 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 rece to the Co sign of the static ion's sig g a chec n's locati	II-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. inal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions 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	
		0,5				0,0		
KRSL	AM		RUSSELL, KS					
KRSL	FM		RUSSELL, KS					
KDT	FM		BURDETT, KS					
	+							
	+							
	T							
	T							
	T							
	T							
		1						
						1		
						·		
						·		

Accounting Perio	od: 2020/1						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	NEX-TECH LLC							62953
1	SUBSTITUTE CARRIAG				-			
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				5		1 1	
Special	During the accounting per	-			isis, anv noni	network tel	evision proa	ram
Statement and	broadcast by a distant sta	-				[× NO
Program Log						L	YES	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wnerever p	ossidie, if t	neir meaning	g is
				vision program ("substitute	e program") t	hat, during	the account	ing
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pr	ogramming	g of another	station
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
			dcast live, ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broadd	casting the substitute prog	ram.			
				the community to which th			the FCC or,	in
	the case of Mexican or Car			e community with which the substitute			ls with the r	nonth
	first. Example: for May 7 gi		when you by		o program. O			lionar
				ogram was carried by you				ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m	n. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour syste	em was <i>requ</i>	ired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete und	der FCC rules	s and regul	ations in	-
	effect on October 19, 1976							
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	T	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							-	
							_	
								·
							_	
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							-	
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							_	
							_	
							_	
							_	

Accounting Period:	2020/1	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. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	3,223.00 sss 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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 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	this six-mon	
	accounting period is \$52.00 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	00)	
	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)	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 Free 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	1
	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 informat		hts!

Accounting Period:	2020/1								FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER NEX-TECH LLC	OF CABLE SYSTEM:							SYSTEM ID 62953
M Channels	2. Enter the total number on which the cable sys	 the cable system's to er of channels on which ion broadcast stations. 	otal number n the cable s broadcast	er of activated o	hannels during ti	the accol	unting period.	t stations	18 339
N Individual to Be Contacted	INDIVIDUAL TO BE CO	nis statement of accoun		RMATION IS NI	EEDED (Identify a	an indivi			
for Further Information		tt Roe					Τ	elephone	785-625-7070
	(Numb Hay	8 Vine Street ber, street, rural route, apartr rs, KS 67601 cown, state, zip)	ment, or suite	e number)					
	Email	sroe@nex-tech	.com			F	Fax (optional)		
O Certification	(Agent of ow in line 1 o	eby certify that (Check o r than corporation or p ner other than corpora f space B and that the o artner) I am an officer (i f space B. atement of account and correct to the best of my	one, <i>but onl</i> partnership ation or pa owner is no if a corpora hereby de y knowledg	<i>ly one</i> , of the bo p) I am the owner artnership) I am ot a corporation of ation) or a partner eclare under pen- ge, information, a	xes.) er of the cable sys the duly authoriz or partnership; or er (if a partnership alty of law that all and belief, and are	stem as i zed agen p) of the I stateme	identified in line It of the owner of legal entity iden	1 of space I f the cable s tified as ow	system as identified ner of the cable system
				electronic signatu	S. Goddard are on the line abo (s/ signature" (e.g.			nt.	
		Typed or printed Title: (Title of of	Chief F	Rhonda S. Financial Of	ficer				
		Date:					08/24/2020		

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ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
X-TECH LLC	6295
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 The S. Enter the total here and list the satellite carrier(s) below. \$	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	n u u
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 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
eveb x	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 -	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 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 \$. (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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.	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 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 \$. (interest charge) * 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	-
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Line 3 Multiply line 2 by the number of days late and enter the sum here	

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