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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:			
-	ary Transmissions by	DATE RECEIVED	AMOUNT	_		
	ems (Short Form)			<u>coplicsoa@loc.gov</u>		
			\$	For additional information, contact the U.S. Copyright		
-	uctions are located	08/20/2020		Office Licensing Division at: Tel: (202) 707-8150		
in the first tab	of this workbook		ALLOCATION NUMBER			
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))			
		、				
		Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
	2020/1		renou z – outy r - December or			
		٦				
	2020	Barcode Data Filing Period (optiona	I - see instructions)			
Accounting Period						
	Instructions:					
В	Give the full legal name of the owner of t of the subsidiary, not that of the parent of		idiary of another corporation, give the full co	rporate title		
Owner	List any other name or names under whi	ch the owner conducts the business of t	he cable system.			
	If there were different owners during the	accounting period, only the owner on	the last day of the accounting period should s	submit a		
	single statement of account and royalty f					
	Check here if this is the system's first filir	ng. If not, enter the system's ID number	assigned by the Licensing Division.	62974		
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM				
	NEX-TECH LLC					
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
	145 N MAIN (Number, street, rural route, apartment, or suite					
	LENORA, KS 67645					
	(City, town, state, zip) INSTRUCTIONS: In line 1, give any busi	ness or trade names used to ide	ntify the business and operation of the	e system unless these		
С	names already appear in space B. In line					
System	1 IDENTIFICATION OF CABLE SYSTEM:					
	MAILING ADDRESS OF CABLE SYSTE	И:				
	2 (Number, street, rural route, apartment, or suite	number)				
	(City, town, state, zip code)					
·						
Privacy Act Notic	ce: Section 111 of title 17 of the United States Code a	uthorizes the Copyright Offce to collect the	he personally identifying information (PII) reque	ested 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	62974					
D	"a separate and distinct community or municipal entity (including uninco discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first communit as the "first community." Please use it as the first community on all futu						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.						
	CITY OR TOWN	STATE					
First	WEBBER	KS					
Community							
dd Rows as Necessary							

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				FORM SA1-	
Name	NEX-TECH LLC							629
E Secondary Transmission	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including period last day of the accounting period	pace E should on of television pay cable) in sp	cover all catego and radio broad bace F, not here	pries of seconda dcasts by your s . All the facts yo	ystem to subscri u state must be	ibers. 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 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	y transmission umber of billing ice at the rate harged for eac . (Example: "\$ counts allowed in space E, th	service. In gene gs in that catego indicated—not t ch category of se 20/mth"). Summ for advance pay e form lists the o	eral, you can cor ry (the number of he number of se ervice. Include be arize any standa ment. categories of sec	npute the number of persons or org ts receiving serv oth the amount of ard rate variation condary transmis	er of subsc ganizations vice). of the charg is within a p ssion servio	ribers in charged ge and the particular rate ce that cable	
	that applies to your system. Not 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.	e: Where an ir should be cou able service to once again unc has rate categ iers of services and rates, in th	ndividual or orga nted as a subsc additional sets v ler "Service to a ories for second s that include on	nization is receiv riber in each app vould be include dditional set(s)." ary transmissior e or more secor	ving service that olicable category d in the count ur n service that are ndary transmission	falls under v. Example: nder "Service e different fr ons), list the tion of the s	different a residential ce to the rom those em, together service is	
	BLC	DCK 1 NO. OF	:			BLOCK	. 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		E CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		39 3	0.00 PREMI	ERE		26	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 ran not covered in space E, that is, t service for a single fee. There are 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) description	te (not subscril hose services re two exceptic or facilities fun hit in which it is rate column. te charged by t t your cable sy separate charge	ber) information that are not offe ons: you do not r hished to nonsul usually billed. If the cable system stem furnished of ge was made or de the rate for ea	with respect to a red in combinati leed to give rate oscribers. Rate i any rates are c n for each of the or offered during established. List	on with any seco information con nformation shou harged on a vari applicable servi the accounting	ondary tran icerning (1) ild include l iable per-pr ces listed. period that	smission services ooth the rogram basis, were not	
	CATEGORY OF SERVICE	RATE	CATEGORY O	- SERVICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:		Installation: No					
	• Pay cable • Pay cable—add'l channel	78.00	• Motel, hotel • Commercia			Cinema	& Entertain. Ix	13. 11.
	Fire protection Burglar protection		 Pay cable Pay cable-a 				me & TMC	17. 10.
	Installation: Residential • First set	99.00	 Fire protect Burglar prot 	ection		Starz! E		12.
	 Additional set(s) FM radio (if separate rate) 	110.00	Other services	:				

	2020/1			FORM SA1-2E. PAG			
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM 629			
	NEX-TECH LLC						
	PRIMARY TRANSMITTERS:						
G Primary	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e	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 or or placed in the part paragraph	(1) stations carried only on a part e carriage of certain network prog	t-time basis under grams [sections			
Fransmitters: Television		is explained in the next paragraph. With respect to any distant stations ca	rried by your cable system on a s	ubstitute program			
	basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on	ules, regulations, or authorizations: e in space G—but do list it in space I (th n a substitute basis.	ne Special Statement and Program	n Log)—if the			
	basis. For further informatio Column 1: List each statior	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			
	Column 2: Give the channel of license. For example, W	el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C. n case whether the station is a network s	-	-			
	educational station, by ente	ering the letter "N" (for network), "N-M" (f	for network multicast), "I" (for inde	pendent), "I-M"			
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t dian stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the statio ne community with which the static	n is licensed by the on is identified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	KSNC	2	N	GREAT BEND, KS			
	1						
	KLNE	3	E	LEXINGTON, NE			
d Rows as Necessary	KLNE KSNB	3	E N				
1 Rows as Necessary				LEXINGTON, NE			
d Rows as Necessary	KSNB	5	N	LEXINGTON, NE SUPERIOR, NE			
d Rows as Necessary	KSNB KBSH	5 7	N N	LEXINGTON, NE SUPERIOR, NE HAYS, KS			
d Rows as Necessary	KSNB KBSH KOOD	5 7 9	N N E	LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS			
d Rows as Necessary	KSNB KBSH KOOD KGIN	5 7 9 11	N N E N	LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE			
d Rows as Necessary	KSNB KBSH KOOD KGIN KHGI	5 7 9 11 13	N N E N N	LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE			
d Rows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL	5 7 9 11 13 14	N N E N N	LEXINGTON, NE SUPERIOR, NE HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE			
d Rows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2	5 7 9 11 13 14 15	N N E N N	LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE			
d Rows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL	5 7 9 11 13 14 15 16	N N E N N	LEXINGTON, NE SUPERIOR, NE HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE			
d Rows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL KSCW	5 7 9 11 13 14 15 16 23	N N E N N N I I I I	LEXINGTON, NE SUPERIOR, NE HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS			
d Rows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL KSCW KSAS	5 7 9 11 13 14 15 16 23 24	N N E N N N 1 1 1 1 N	LEXINGTON, NE SUPERIOR, NE HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS			
d Rows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL KSCW KSAS KWCH-DT2	5 7 9 11 13 14 15 16 23 24 24 110	N N N E N N N N 1 1 1 1 N N N N N N N N	LEXINGTON, NE SUPERIOR, NE HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS			
d Rows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL KSCW KSAS KWCH-DT2 KOOD-DT3	5 7 9 11 13 14 15 16 23 24 24 110 183	N N E N N N 1 1 1 1 1 1 1 1 N N N N M E-M	LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS			
d Rows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3	5 7 9 11 13 14 15 16 23 24 110 183 186	N N E N N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LEXINGTON, NE SUPERIOR, NE HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS			
d Rows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KSAS-DT2	5 7 9 11 13 14 15 16 23 24 24 110 183 186 187	N N E N N N 1 1 1 1 1 N N N M E-M E-M 1-M 1-M	LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS			
d Rows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT2	5 7 9 11 13 14 15 16 23 24 110 183 186 187 189	N N E N N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS			
d Rows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT2	5 7 9 11 13 14 15 16 23 24 110 183 186 187 189	N N E N N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS			
d Rows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT2	5 7 9 11 13 14 15 16 23 24 110 183 186 187 189	N N E N N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS			
d Rows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT2	5 7 9 11 13 14 15 16 23 24 110 183 186 187 189	N N E N N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LEXINGTON, NE SUPERIOR, NE HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS			

LEGAL NAME O		CABLE 5	ISTEM:					SYSTEM I 629
	st every radio s	station ca	arried on a separate and discr nerally 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 signal, indicate Column 4: C) it is carried b monitoring, to formation abou- orm. dentify the call State whether f the radio state this by placing Give the station	y the sys be recein the Co l sign of the static tion'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. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ant this point, see pa ed by the cable s ne station is licen	eadend, and (2 enna, during c ige (v) of the g system as a se sed by the FC	2) it can ertain st eneral in 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	
KQMA KKDT	FM FM		PHILLIPSBURG, KS BURDETT, KS					
(REP	FM		BELLEVILLE, KS					
			·					
	+							
						·		

Accounting Perio	od: 2020/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	NEX-TECH LLC							62974
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		G			
I I	In General: In space I, ident	-	-			tion that you	r coblo ovo	tom corried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	During the accounting per				isis any noni	network telev	ision nroa	ram
Statement and				frouny, on a substitute ba	1010, any 11011			
Program Log	broadcast by a distant sta	uon?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter				
				asting the substitute progr the community to which th		consod by th	e ECC or	in
	the case of Mexican or Car							
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.m.	snould be	
		er "R" if the	listed program	n was substituted for prog	ramming that	t vour svsten	n was <i>reau</i>	iired
	to delete under FCC rules							
	was substituted for program	nming that						0
	effect on October 19, 1976							
						N SUBSTIT		
	s		E PROGRAM	1		AGE OCCU		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -		
					·			
						<u>_</u> _	-	
						_	-	
						_	_	
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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# 62974
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	5,417.12 ss 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 accounting period is \$52.00	this six-mon	
	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 For and			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	'n
	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 OF CABLE SYSTEM: NEX-TECH LLC	SYSTEM ID# 62974
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which to its subscribers, and (2) the cable system's total number of activated. 1. Enter the total number of channels on which the cable system carried television broadcast stations	ted channels during the accounting period.
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION we can contact about this statement of account.) Name Scott Roe	IS NEEDED (Identify an individual to whom Telephone 785-625-7070
Information	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	 (Agent of owner other than corporation or partnership in line 1 of space B and that the owner is not a corporation) or a (Officer or partner) I am an officer (if a corporation) or a in line 1 of space B. I have examined the statement of account and hereby declare unde are true, complete, and correct to the best of my knowledge, informat [18 U.S.C., Section 1001(1986)] 	e boxes.) owner of the cable system as identified in line 1 of space B; or I am the duly authorized agent of the owner of the cable system as identified tion or partnership; or partner (if a partnership) of the legal entity identified as owner of the cable system
	Enter signature using Typed or printed name: Rhond Title: Chief Financia (Title of official position held in cor	oration or partnership)
	Date:	08/24/2020

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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.

ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
X-TECH LLC	6297
 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 YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
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. 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 Assessmer
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	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x days 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 x in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	-
x	-
x	-
x	-
x	
x	
x	
x	

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