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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
AMOUNT						
\$						
ALLOCATION NUMBER						

Return completed workbook by email to:

### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

_	I		
Α	ACCOUN.	TING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2020	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20202 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В	Give	uctions: 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 e subsidiary, not that of the parent corporation.	
Owner	List a	ny other name or names under which the owner conducts the business of the cable system.	
		ere were different owners during the accounting period, only the owner on the last day of the accounting period should submit a estatement of account and royalty fee payment covering the entire accounting period.	
	Check	k here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	11497
	LEC	GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	NEX	-TECH LLC	
	BUS	INESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAIL	LING ADDRESS OF OWNER OF CABLE SYSTEM	
		5 N MAIN  Der, street, rural route, apartment, or suite number)	
	LEN	NORA, KS 67645	
	(City, t	lown, state, zip)	
С		TONS: In line 1, give any business or trade names used to identify the business and operation of the system us ady appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	IDEN	TIFICATION OF CABLE SYSTEM:	
	1		
	MAIL	ING ADDRESS OF CABLE SYSTEM:	
	2 Nume	per, street, rural route, apartment, or suite number)	
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	(City, 1	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.

		FORM SA1-2E. PAGE					
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI					
Name	NEX-TECH LLC	114					
	Instructions: List each separate community served by the cable system. A						
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the						
Area		or mobile name parks should be reported in parentheses below the					
Served	identified city.						
	CITY OR TOWN	STATE					
First	LEBANON	KS					
ommunity	ESBON	KS					
ows as Necessary							

Accounting Period: 2020/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**NEX-TECH LLC** 

#SYSTEM ID 11497

# Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK	(2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	188	30.00	PREMIERE	154	48.00
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 SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	78.00	Motel, hotel		Sports & Entertain.	13.95
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Cinemax	11.95
<ul> <li>Fire protection</li> </ul>		• Pay cable		НВО	17.95
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel		Showtime & TMC	10.99
Installation: Residential		Fire protection		Starz! Encore	12.95
• First set	99.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	110.00	Other services:			
• FM radio (if separate rate)		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	110.00		
		Move to new address	99.00		

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 11497

**NEX-TECH LLC** 

G

### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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, *except* (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 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:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KSNC	2	N	GREAT BEND, KS
KLNE	3	E	LEXINGTON, NE
KSNB	5	N	SUPERIOR, NE
KBSH	7	N	HAYS, KS
KOOD	9	E	HAYS, KS
KGIN	11	N	GRAND ISLAND, NE
KHGI	13	N	KEARNEY, NE
KFXL	14	N	LINCOLN, NE
KSNB-DT2	15	l	LINCOLN, NE
KWBL	16		KEARNEY, NE
KSCW	23		WICHITA, KS
KSAS	24	N	WICHITA, KS
KWCH-DT2	110	N-M	WICHITA, KS
KOOD-DT3	183	E-M	HAYS, 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
KGIN-DT5	191	N-M	GRAND ISLAND, NE

Accounting Period: 2020/2 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

NEX-TECH LLC 11497

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
				CALL OIGH	AWOTTW	O/D	LOCATION OF STATION
KQMA KREP	FM		PHILLIPSBURG, KS				
KREP	FM		BELLEVILLE, KS				
KKDT	FM		BURDETT, KS				
			561.5211,116				
			<del> </del>				
	<del> </del>						
			<del> </del>				
	<del></del>						

ccounting Perio	od: 2020/2							FOR	M SA1-2E. PAGE 5		
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:						SYSTEM ID#		
Name	NEX-TECH LLC								11497		
Name  Substitute Carriage: Special Statement and Program Log	LEGAL NAME OF OWNER OF NEX-TECH LLC  SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the program.  1. SPECIAL STATEMEN.  During the accounting per broadcast by a distant state of the state of th	E: SPECIL tify every no accounting p ning that mu T CONCEI riod, did yo ation?  b", leave the stitute prograce, please of every no a distant sta egulations, ries like "m. Bulls." m was broa sign of the adcast stati natian stati nth and day ive "5/7."	AL STATEME  Innetwork televioriod, under spirit be included  RNING SUBS  ur cable system  e rest of this paradd additional additional that your authorization ovies" or "bask addast live, entition station broaddion's location (ons, if any, the your sy	ision program, pecific present in this log, see in this l	broadcast by and former F page (v) of the RIAGE substitute base pur answer is pables. In ("substitute term substitute (v) of the general envise enter estitute progray to which the substitute the substi	a distant sta CC rules, reg ne general ins sis, any nonr s "Yes," you r s wherever po e program") the ed for the pro- neral instruct in titles, for each	ulations, of structions network to must com ossible, if hat, duringrammir ions for fuexample, censed by entified).	your cable system authorization in the paper selevision proceed with the property of their meaning of another urther information in the proceed with the proceed with the process of the proceed with the process of the proceed with the process of t	stem carried on a ons. For a further SA1-2 form.  gram  X NO  gram  y station ation. or		
	first. Example: for May 7 g Column 6: State the tirr to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograi	Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in									
	effect on October 19, 1976.  SUBSTITUTE PROGRAM						WHEN SUBSTITUTE CARRIAGE OCCURRED 7. RE/				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S	SLOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION		
								_			
									""		
									···		
								_			

Accounting Period:	2020/2		1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  NEX-TECH LLC	S	11497
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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.	ssion service amount, see	,266.92 ss receipts)
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 \$263,800 but less than \$527,600  See page (vi) of the general instructions located in the paper SA1-2 form for more information.	963,800	
	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	his 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)	<u>.</u>
	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		
	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)	
	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 informat		mts!

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF NEX-TECH LLC	CABLE SYSTEM:			SYSTEM ID# 11497
M		` '		on which the cable system carried television broadcast stations er of activated channels during the accounting period.	
	Enter the total number of system carried television			•	19
	Enter the total number of on which the cable system and nonbroadcast service.	m carried television bro		stations	339
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Scott	Roe		Telephone Telephone	785-625-7070
	(Number,	/ine Street street, rural route, apartmer KS 67601 n, state, zip)	nt, or suite	e number)	
	Email	sroe@nex-tech.co	om	Fax (optional)	
O Certification	Owner other th  (Agent of owner in line 1 of sp  X (Officer or part in line 1 of sp  I have examined the states	an corporation or part r other than corporatio cace B and that the own ner) I am an officer (if a cace B. ment of account and he rect to the best of my kr	on or paner is no	iffied and signed in accordance with Copyright Office regulations)  by one, of the boxes.)  p) I am the owner of the cable system as identified in line 1 of space Extracrship) I am the duly authorized agent of the owner of the cable so at a corporation or partnership; or  ation) or a partner (if a partnership) of the legal entity identified as own clare under penalty of law that all statements of fact contained herein lee, information, and belief, and are made in good faith.	system as identified ner of the cable system
				/s/ Rhonda S. Goddard electronic signature on the line above to certify this statement. lature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed na	ame:	Rhonda S. Goddard	
				Financial Officer n held in corporation or partnership)	
		Date:		02/23/2021	

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counting Period: 2020/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EX-TECH LLC	11497
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.	P Special Statement Concerning Gross Receipts Exclusion
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  YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address  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 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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	_
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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	
Address	 
ID number  First community served  Accounting period	

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