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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

## SA1-2E Short Form

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

Α	ACCO	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	[	2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	[	20202 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		NEX-TECH LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		145 N MAIN (Number, street, rural route, apartment, or suite number)
		LENORA, KS 67645
	1	(City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
	<u>ı                                    </u>	
-		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 pro	cess vour	statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

02/17/21

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 telephon 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.

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	NEX-TECH LLC	258
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	porated communities within unincorporated areas and including single that you list will serve as a form of system identification hereafter known filings.
Aroa	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	or mobile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	ΝΑΤΟΜΑ	KS
Community		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C								-2E. PAG
Name	NEX-TECH LLC		•					515	258 <sup>°</sup>
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	IBERS AND RA	ATES				
E	In General: The information in s	•		•		•			
Secondary	system, that is, the retransmissi about other services (including r								
Transmission	last day of the accounting period	• •						sang on the	
Service: Sub-	Number of Subscribers: Both	•					•		
scribers and Rates	down by categories of secondar each category by counting the n	•				•			
	separately for the particular serv	vice at the rate	indicate	ed—not the nur	nber of se	ts receiving ser	vice).	-	
	Rate: Give the standard rate of	0	•					•	
	unit in which it is generally billed category, but do not include disc				iny standa	ird rate variation	ns within a	particular rate	
	Block 1: In the left-hand block				ries of se	condary transmi	ission serv	vice that cable	
	systems most commonly provide								
	that applies to your system. <b>Not</b> categories, that person or entity			-		-			
	subscriber who pays extra for ca					•			
	first set" and would be counted of							for any the second	
	<b>Block 2:</b> If your cable system printed in block 1 (for example, the system)	•		•					
	with the number of subscribers a					•	,		
	sufficient.		_						
	BLC	DCK 1 NO. OF	:				BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:								
	Service to first set		62	30.00	PREMI	ERE		49	48
	• Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	<b>In General:</b> Space F calls for ra not covered in space E, that is, t	•			•				
-	service for a single fee. There a								
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		susually	y billed. If any ra	ates are c	harged on a var	iable per-p	orogram basis,	
ransmissions:	Block 1: Give the standard ra		the cab	le system for ea	ach of the	applicable serv	ices listed		
Rates	Block 2: List any services that	• •			-	-	•		
	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.							te form of a	
							1		
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE		BLOCK 2 ORY OF SERVICE	RA
	Continuing Services:			ation: Non-res			UATEO		
	• Pay cable	78.00	• Mo	otel, hotel			Sports	& Entertain.	13
	• Pay cable—add'l channel		۰Co	mmercial			Cinema	ax	11
	Fire protection		• Pa	y cable			НВО		17
	•Burglar protection		· ·	y cable-add'l ch	annel			me & TMC	10
	Installation: Residential			e protection			Starz!	Encore	12
	• First set	99.00	4	rglar protection					
	• Additional set(s)	110.00		services:		00.00			
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>		1	connect sconnect		30.00			
	- Converter			tlet relocation		110.00			
				act relocation		110.00	L		
			• Mo	ove to new addr	ess	99.00			

Inting Period: 2	2020/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
	NEX-TECH LLC			25819
G Primary ansmitters: elevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as <b>Substitute Basis Stations</b> basis under specific FCC rule. Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, WW <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	also in space I, if the station was carrie in concerning substitute basis stations i's call sign. <i>Do not</i> report origination I with a station according to its over-th	of (1) stations carried only on a part-ti- the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub- the Special Statement and Program ed both on a substitute basis and also s, see page (v) of the general instruct program services such as HBO, ESF ne-air designation. For example, repo- evision station for broadcasting over a station, an independent station, or a (for network multicast), "I" (for indepe- or "E-M" (for noncommercial education ructions in the paper SA1-2 form. at the community to which the station	me basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNC	2	N	GREAT BEND, KS
	KBSH	7	N	HAYS, KS
vs as Necessary	KOOD	9	E	HAYS, KS
	KAKE	10	 N	WICHITA, KS
	кмтw	17		WICHITA, KS
	KSCW	23		WICHITA, KS
	KSAS	24	N	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
	KWCH-DT4	192	I-M	WICHITA, KS
	KWCH-DT3	194	I-M	WICHITA, KS

LEGAL NAME O NEX-TECH I								SYSTEM I 258
	t every radio s	station ca	arried on a separate and discronnerally receivable by your cab					н
Teceivable if (1) on the basis of For detailed info paper SA1-2 fo <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate <b>Column 4:</b> C	) it is carried b monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Give the station	y the sys be rece at the Co l sign of o the static ion's sig g a chec n's locati	I-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. fon (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 licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can sertain si general i eparate	be expected, tated 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	FM		PHILLIPSBURG, KS					
KKDT	FM		BURDETT, KS					
						·		
		<b>-</b>				·		
		<b>-</b>						

Accounting Perio	od: 2020/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	NEX-TECH LLC							25819
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
Substitute	<b>In General:</b> In space I, ident substitute basis during the a explanation of the programm	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or	authorization	s. For a further
Carriage:	1. SPECIAL STATEMEN	-						
Special	During the accounting per				eis anv nonr	ootwork tol	evision prog	ram
Statement and	broadcast by a distant sta	•		n ouny, on a substitute be	lolo, any nom			× NO
Program Log	-					L	YES	
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	nust comp	lete the prog	Iram
	log in block 2.		Me					
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Use abbreviation	s wherever p	ossible if t	heir meaning	a is
	clear. If you need more spa					0001010, 11 0		9.0
		-		vision program ("substitut	,	-		-
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	•						
	"NBA Basketball: 76ers vs.			(b) ( b) (b) (b) (b) (b) (b) (b) (b) (b)	<b>(()</b>   1			
				er "Yes." Otherwise enter asting the substitute prog				
		•		the community to which th		censed by	the FCC or,	in
	the case of Mexican or Car					,		
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numera	ls, with the n	nonth
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accura	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	e listed program	n was substituted for prog	ramming that	t vour syste	em was <i>requ</i>	uired
	to delete under FCC rules a							
	was substituted for program	0	your system w	as permitted to delete uno	der FCC rules	s and regul	ations in	-
	effect on October 19, 1976							
	S	UBSTITUT	E PROGRAM	1		N SUBST	URRED	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	6. <sup>-</sup> FROM	TIMES — TO	DELETION
							_	
								·
							_	
							_	
					·- <b></b>			
					·=			·
							_	
							_	
							_	
							_	
							_	
							_	

Accounting Period:	E 2020/2 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM IDNEX-TECH LLC2581
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>
	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-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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 <b>\$ 263,800.00</b>
	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
	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 <b>\$ 263,800.00</b>
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01

0.00
52.00 15.00
67.00
of Copyrights!

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: C	SYSTEM ID# 25819
M Channels	to its subscribers 1. Enter the total system carried	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable television broadcast stations	20
		able system carried television broadcast stations	339
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Scott Roe Telephone 7	785-625-7070
	Address 	2418 Vine Street         (Number, street, rural route, apartment, or suite number)         Hays, KS 67601         (City, town, state, zip)         sroe@nex-tech.com         Fax (optional)	
O Certification	CERTIFICATION  • I, the undersigned  (Owned)  (Owned)  (Agention)  X (Officient)  • I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst line 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith.	stem as identified

	X /s/ Rhonda S. Goddard
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed	name: Rhonda S. Goddard
	Chief Financial Officer icial position held in corporation or partnership)
Date:	02/23/2021

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.

unting Period: 2020/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
(-TECH LLC	258
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusior
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         YES. Enter the total here and list the satellite carrier(s) below.       \$	
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
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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