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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	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 (City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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)
Privacy Act Notic	e: 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 filing, a determination that would be made by a court of law.

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED	
02/17/21	

Name -	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	NEX-TECH LLC	2948
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorport discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future of Note: Entities and properties such as hotels, apartments, condominiums, or	community" is the same as a "community unit" as defined in FCC rule orated communities within unincorporated areas and including single hat you list will serve as a form of system identification hereafter kno filings.
Area Served	identified city.	i mobile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	KIRWIN	KS
dd Rows as Necessary		

								FORM SA1-	-2E. PAG
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					515	294
	NEX-TECH LLC								234
_	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND RA	TES				
E	In General: The information in s	•		•		•			
Coordon	system, that is, the retransmissi					•			
Secondary Transmission	about other services (including plast day of the accounting period	. ,					inose exis	sung on the	
Service: Sub-	Number of Subscribers: Both						able syster	n, broken	
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n separately for the particular serv		-	•••		•	-	s charged	
	Rate: Give the standard rate of							rge and the	
	unit in which it is generally billed	0						0	
	category, but do not include disc								
	Block 1: In the left-hand block	•		•		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						nder "Serv	rice to the	
	first set" and would be counted of Block 2: If your cable system	•			• • •		e different	from those	
	printed in block 1 (for example, t	•		•					
	with the number of subscribers a					•			
	sufficient.		_	<u>, </u>		-			
	BLO	OCK 1 NO. OF	:				BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		13	39.95					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC			SIONS: RATES	3				
F	In General: Space F calls for ra	•			•	• •			
F	not covered in space E, that is,					•			
Services	service for a single fee. There a furnished at cost or (2) services	•			•		• •	,	
Other Than	amount of the charge and the u								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard ra Block 2: List any services tha			•					
Nates	listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) descrip	otion and inclu	de the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	-	GORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:		Installa	ation: Non-resi	dential				
	• Pay cable	39.95	• Mo	tel, hotel			Showti	me	14
	 Pay cable—add'l channel 		• Cor	nmercial					
	 Fire protection 		· ·	/ cable					
		-	• Pay	/ cable-add'l cha	annel				
	•Burglar protection								-
	Installation: Residential			e protection			ſ		
	Installation: Residential First set 	99.00	• Bur	glar protection					
	Installation: Residential First set Additional set(s) 	99.00 110.00	• Bur Other s	glar protection					
	Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Bur Other s • Red	glar protection services: connect		30.00			
	Installation: Residential First set Additional set(s) 		• Bur Other s • Rec • Dis	glar protection services: connect connect					
	Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Bur Other s • Rec • Dis • Out	glar protection services: connect		30.00 110.00 99.00			

	2020/2			SYSTEM ID
ame	NEX-TECH LLC	F CABLE SYSTEM.		2948
	PRIMARY TRANSMITTERS:			
G mary mitters: vision	In General: In space G, id carried by your cable syster FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these t Column 4: Give the location	entify every television station (including em during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting e)(2) and (4), or 76.63 (referring to 76. as explained in the next paragraph. :: With respect to any distant stations of ules, regulations, or authorizations: re in space G—but do list it in space I (in a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations in's call sign. <i>Do not</i> report origination id with a station according to its over-th	of (1) stations carried only on a part- the carriage of certain network progr 61(e)(2) and (4))]; and (2) certain sta carried by your cable system on a su (the Special Statement and Program ed both on a substitute basis and als s, see page (v) of the general instruc- program services such as HBO, ES ne-air designation. For example, rep levision station for broadcasting ove c station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other ctions. PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КВЅН	7	N	HAYS, KS
	KSNK	8	N	McCOOK, NE
Necessary	KOOD	10	E	HAYS, KS
cessary	KGIN	11	N	GRAND ISLAND, NE
	KAKE	13	Ν	WICHITA, KS
	KSAS	21	N	WICHITA, KS

EGAL NAME OF								SYSTEM I 294
	t every radio s	tation ca	arried on a separate and discro nerally receivable by your cab					н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to ormation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein t the Co sign of o he 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 pyright 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 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 st 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	
						·		
						·		
						·		
						·		

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							29488
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
I Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify every no.	<i>nnetwork televi</i> eriod, under sp	<i>sion program,</i> broadcast by ecific present and former F	y a <i>distant</i> sta CC rules, regi	ulations, or	authorization	is. For a further
Substitute Carriage:		-						AT-2 10mm.
Special	 SPECIAL STATEMEN During the accounting per 					otwork tok		rom
Statement and		•	ul cable syster	il carry, on a substitute ba	1515, any noni			
Program Log	broadcast by a distant sta	luon?				L	YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ge blank. If your answer i	s "Yes," you r	nust comp	lete the prog	jram
	log in block 2.							
	2. LOG OF SUBSTITUTE			ata lina. I laa ah hua siatian		aasibla if t		- 1-
	In General: List each subs clear. If you need more spa		•		s wnerever p	ossidie, it t	neir meaning	g is
				vision program ("substitut	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 pro	ogramming	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."			
		•		asting the substitute prog				
	Column 4: Give the broat the case of Mexican or Car		,	the community to which th		•	the FCC or,	în
				stem carried the substitute		,	ls, 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 6:0	1:15 p.m. to b	5:28:30 p.m	i. snould be	
		er "R" if the	listed prograr	n was substituted for prog	ramming that	t your syste	em was <i>requ</i>	iired
	to delete under FCC rules a	and regulat	ions in effect d	uring the accounting period	od; enter the l	etter "P" if	the listed pro	
	was substituted for program	0	your system w	as permitted to delete uno	der FCC rules	and regula	ations in	
	effect on October 19, 1976							
	S	UBSTITUT	E PROGRAM	1		N SUBST	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM	TIMES — TO	DELETION
					·			
							_	
							_	
							_	
							_	
							_	
							_	
							_	

Accounting Period:	FORM SA1-2E. P	AGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM NEX-TECH LLC 2	M ID# 9488
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	 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 \$263,800 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. 	
	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 \$ 52.0	00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.0	00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	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	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 emplant of group requirts from anges K	
	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	

0.00
52.00 5.00
67.00
Copyrights!
1

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF (NEX-TECH LL)	DWNER OF CABLE SYSTEM: C	SYSTEM ID# 29488
M Channels	to its subscribers 1. Enter the tota 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	6
		able system carried television broadcast stations	23
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 785	5-625-7070
	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	 I, the undersigned (Owned) (Owned) (Agen in in	(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; or t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syster 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 of line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein i.e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	

	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
	2948
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
	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
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
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 Assessment
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 Assessme
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