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						
DATE RECEIVED	AMOUNT					
02/17/21	\$ 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

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		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		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)

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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I							
Name	NEX-TECH LLC	294							
D	Instructions: List each separate community served by the cable system. A "comm" a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo	unity" is the same as a "community unit" as defined in FCC rule communities within unincorporated areas and including single							
Aroo	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 Served	identified city.								
	CITY OR TOWN	STATE							
First	WOODSTON	KS							
Community	ALTON	KS							
	GAYLORD	KS							
ld Rows as Necessary	OSBORNE	KS							

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NEX-TECH LLC

SYSTEM ID#

29494

E

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.

BLO	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	471	30.00	PREMIERE	376	48.00		
 Service to additional set(s) 							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
• 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	RAT
Continuing Services:		Installation: Non-residential			
• Pay cable	78.00	Motel, hotel		Sports & Entertain.	13.
 Pay cable—add'l channel 		Commercial		Cinemax	11.
 Fire protection 		• Pay cable		НВО	17.
Burglar protection		 Pay cable-add'l channel 		Showtime & TMC	10.
Installation: Residential		Fire protection		Starz! Encore	12.
• First set	99.00	Burglar protection			
Additional set(s)	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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NEX-TECH LLC

FORM SA1-2E. PAGE 3.

SYSTEM ID#

29494

PRIMARY TRANSMITTERS: TELEVISION

G

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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **GREAT BEND, KS KSNC** 2 Ν **KBSH** 7 N HAYS, KS 9 Ε KOOD HAYS, KS **KAKE** 10 Ν WICHITA, KS **KMTW** 17 I WICHITA, KS **KSCW** 23 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** E-M 183 HAYS, KS I-M KSCW-DT2 184 WICHITA, KS KSAS-DT3 185 N-M WICHITA, KS KMTW-DT3 186 I-M WICHITA, KS N-M KSAS-DT2 187 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

Add Rows as Necessary

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

29494

NEX-TECH LLC

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

Primary Transmitters: Radio

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.

- **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
KQMA	FM		PHILLIPSBURG, KS				
KKDT	FM		BURDETT, KS				
KVSV	FM		BELOIT, KS				
KREP	FM	-	BELLEVILLE, KS			·	
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Accounting Perio	d: 2020/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	NEX-TECH LLC							29494
Substitute Carriage: Special Statement and Program Log	NEX-TECH LLC SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE In General: List each subsi clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broad	F: SPECIAL fly every non accounting pring that must reconciled, did you tion? The concern of the second fly th	AL STATEMENT IN INC. ALL STATEMENT IN INC. STATE	sion program, broadcast by ecific present and former Finish this log, see page (v) of the street of the second seed of the second second seed of the second seed of the second second seed of the second s	y a distant sta CC rules, regune general instants asis, any nonr s "Yes," you r s wherever po e program") the ted for the program instruct am titles, for e "No." ram.	ulations, or tructions in tructions in tructions in the twork telescent compossible, if the tructions for full example, "	the paper SA version programmers and paper SA version programmers and programmers are the account of another striker informal Love Lucy"	zem carried on a s. For a further 1-2 form. Tam X NO gram g is ing station tion. or
	Column 4: Give the broadcast 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). 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. WHEN SUBSTITUTE							ately ired ogram 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. FROM	TIMES — TO	DELETION

Accounting Period:	2020/2		FORM SA	1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC		S'	YSTEM ID# 29494					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the arral all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of hor 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.	s secondary transm w to compute this a	ission service amount, see	1,669.64 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 \$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 accounting period is \$52.00	t you must pay for th	is six-month						
	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	d 2	\$	52.00					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more than \$137,1	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	· · · · <u> </u>							
	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 (b	out 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 Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	52.00						
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	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 pa See page i of the general instructions in the paper SA1-2 form	•		its!					

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF (WNER OF CABLE SYSTEM:			SYSTEM ID# 29494
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	nu must give (1) the number of channels of and (2) the cable system's total number number of channels on which the cable television broadcast stations	of activated channels during the account	ınting period.	20
		able system carried television broadcast sast services			339
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION BETT STATEMENT OF ACCOUNT.)	MATION IS NEEDED (Identify an individu		
for Further Information	Name	Scott Roe		Telephone 7	85-625-7070
	Address	2418 Vine Street (Number, street, rural route, apartment, or suite	number)		
		Hays, KS 67601 (City, town, state, zip)			
	Email	sroe@nex-tech.com	Fa	ax (optional)	
	CERTIFICATION	(This statement of account must be certif	ied and signed in accordance with Copy	vright Office regulations)	
O Certification	• I, the undersign	ed, hereby certify that (Check one, but only	one, of the boxes.)		
	(Own	r other than corporation or partnership)	I am the owner of the cable system as ide	entified in line 1 of space B;	or
		of owner other than corporation or par ine 1 of space B and that the owner is not a		of the owner of the cable sys	stem as identified
		er or partner) I am an officer (if a corporatine 1 of space B.	ion) or a partner (if a partnership) of the leq	egal entity identified as owne	r of the cable system
		the statement of account and hereby decker, and correct to the best of my knowledge, on 1001(1986)]	•		
		X	/s/ Rhonda S. Goddard		
			ectronic signature on the line above to certif ture using an "/s/ signature" (e.g., /s/ John S		
		Typed or printed name:	Rhonda S. Goddard		
			inancial Officer held in corporation or partnership)		
		Date:		02/23/2021	

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ccounting Period: 2020/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
IEX-TECH LLC	29494
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 scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.	sub- Special Statement
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmission made by satellite carriers to satellite dish owners? X NO	ons
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 underpaym For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	C.D
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	days
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	<u>-</u>
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance ple contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ease
** 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, ple list below the owner, address, first community served, ID number, and accounting period as given in the original filin	
Owner Address	
ID number First community served Accounting period	

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