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	ACCOUNTING 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	
	Instructions:
В	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	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 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:	SYSTEM II
Name	NEX-TECH LLC	615 ²
	Instructions: List each separate community served by the cable system. A "comm	
_	"a separate and distinct community or municipal entity (including unincorporated	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo	
	as the "first community." Please use it as the first community on all future filings	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mob	le home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	ALMENA	KS
Community		
Community	NORTON	KS
d Rows as Necessary		
	· · · · · · · · · · · · · · · · · · ·	

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

NEX-TECH LLC

SYSTEM ID# 61519

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.

BL	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	791	30.00	PREMIERE	651	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
Pay cable—add'l channel		Commercial		Cinemax	11.95
Fire protection		Pay cable		НВО	17.95
•Burglar protection		Pay cable-add'l channel		Showtime & TMC	10.99
Installation: Residential		Fire protection		Starz! Encore	12.95
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 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61519

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
KLBY	4	N	COLBY, KS
KBSH	7	N	HAYS, KS
KSNK	8	N	McCOOK, NE
KOOD	9	E	HAYS, KS
KAKE	10	N	WICHITA, KS
KGIN	11	N	GRAND ISLAND, NE
KHGI	13	N	KEARNEY, NE
KMTW	17	<u>l</u>	WICHITA, KS
KSCW	23	<u> </u>	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

counting Period:	2020/2			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID					
Name	NEX-TECH LLC			6151					
	PRIMARY TRANSMITTERS: TELEVISION								
G	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, <i>except</i> (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								
Primary	S S	(2)(2) and (4), or 76.63 (referring to 76.6		-					
Transmitters:		s explained in the next paragraph.	(// , // , // , // , // , // , // , //						
Television		: With respect to any distant stations c	arried by your cable system on a subs	titute program					
	•	lles, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis.	he Special Statement and Program Lo	og)—if the					
	• List the station here, and a	also in space I, if the station was carrie	ed both on a substitute basis and also	on some other					
		n concerning substitute basis stations							
		n's call sign. <i>Do not</i> report origination	. •	•					
	"WETA-2" as the same on the	I with a station according to its over-the he form	e-air designation. Foi example, report	. muiustream					
		el number the FCC assigned to the tele	evision station for broadcasting over th	ne air in its community					
		RC is channel 4 in Washington, D.C.							
		case whether the station is a network							
		ring the letter "N" (for network), "N-M" "E" (for noncommercial educational),	, , , , , , , , , , , , , , , , , , , ,	**					
		rms, see page (iv) of the general instri	•	iai muticast).					
		n of each station. For U.S. stations, lis		slicensed by the					
	FCC. For Mexican or Canad	dian stations, if any, give the name of t	the community with which the station is	s identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KWCH-DT3	194	I-M	WICHITA, KS					

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

NEX-TECH LLC 61519

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
KONK	FM		NORTON KS				
KQNK KKDT	FM FM		NORTON, KS BURDETT, KS				
(ICD)	 		DONDETT, NO				
	 						
	 						
	-						
							
	-						
	-						
	-						
	 						
	 						
							
	 						
	 						
	-						
	-						

accounting Perio	od: 2020/2						EODI	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FORI	SYSTEM ID#
Name	NEX-TECH LLC							61519
Name Substitute Carriage: Special Statement and Program Log	LEGAL NAME OF OWNER OF NEX-TECH LLC SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programn 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant state of the program of the product of the pr	E: SPECIA tify every no accounting pring that mu T CONCEI riod, did you tion? T', leave the E PROGRA titute prograce, please of every no adistant state gulations, ries like "mo Bulls." The was broad sign of the adcast stati hadian stati the and day ve "5/7." es when the	AL STATEME nnetwork televior, under spist be included RNING SUBS ur cable system e rest of this paradd additiona connetwork televion and that your authorizatio covies" or "bask ddcast live, entity station broadd on's location (ons, if any, the when your sy e substitute pr	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE of carry, on a substitute base age blank. If your answer is the line. Use abbreviations I rows to the tables. Vision program ("substitute our cable system substitute our cable system substitute in See page (v) of the generated by the community to which the community with which the stem carried the substitute or gram was carried by you	y a distant star CC rules, reg he general ins usis, any nonr s "Yes," you r s wherever pr e program") t ted for the pr neral instruct am titles, for e "No." ram. e station is life e program. Us r cable syste	ulations, of structions in the structions in the structions in the structions in the structions for full cannot be structed by the structure of the structure o	rour cable sys or authorizatio in the paper S elevision prog YES plete the prog their meaning g the account g of another urther informa 'I Love Lucy" the FCC or, als, with the r e times accur.	tem carried on a ns. For a further A1-2 form. ram X NO gram g is station tion. or
	stated as "6:00-6:30 p.m."	ter "R" if the and regulat mming that	e listed prograr ions in effect d	m was substituted for prog during the accounting perio	ramming that od; enter the l	t your sys letter "P" i	tem was <i>requ</i> f the listed pr	
					WHEN SUBSTITUTE			
	S		E PROGRAM 3. STATION'S		CARRIAGE OCCURRED 5. MONTH 6. TIMES		7. REASON FOR DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO	
								'
								,
								,
								·
							L=	

Accounting Period:	2020/2		A1-2E. PAGE (
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	SY	STEM ID# 61519
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pail amounts (gross receipts) paid to your cable system by subscribers for the system's secondary (as identified in space E) during the accounting period. For a further explanation or now to comput page (vii) or the general instructions located in the paper SAT-2 for Gross receipts from subscribers for secondary transmission service(secondary the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipt	transmission s	serv ,
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: 10 compute the royalty fee you owe • Complete DIOCK 1, DIOCK 2 or DIOCK 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or les • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60 see page (vi) of the general instructions located in the paper SA1-2 form for more informati		
	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 me accounting period is \$52.0	ust pay for this	s six-mont
	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 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,		52.00
	· · · · · · · · · · · · · · · · · · ·	100)	
	Base amount under statutory formula		
	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	7,600)	
	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	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Remittance 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
	Copyrights! See page i of the general instructions in the paper SA1-2 form for more inform	nation.	

Accounting Period:	d: 2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	SYSTEM ID# 61519
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.	
	Enter the total number of channels on which the cable system carried television broadcast stations	25
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	359
N Individual to Be Contacted		
for Further Information	Name Scott Roe Telephone 785-625	-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 Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system as identified in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
	[18 U.S.C., Section 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 Title: Chief Financial Officer (Title of official position 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	61519
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	P Special Statement Concerning Gross Receipts Exclusion
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
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 www.copyright.gov/licensing/interest-rate.pdf . 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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