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

Return completed workbook by email to:

coplicsoa@loc.gov

ALLOCATION NUMBER

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

STATEMENT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY
for Secondary Transmissions by	DATE RECEIVED	AMOUNT
Cable Systems (Short Form)		
		\$
General instructions are located	3/1/2022	

in the first tab of this workbook

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20212 Barcode Data Filing Period (optional - see instructions)	
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.	31078
		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 un already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
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 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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	NEX-TECH LLC	31078
D Area Served	Instructions: List each separate community served by the cable system. A "ca separate and distinct community or municipal entity (including unincorporat unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or city.	ed communities within unincorporated areas and including single, discrete st will serve as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	NORCATUR	KS
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					FORM SA1					
Name	NEX-TECH LLC							3107				
E Secondary Transmission Service: Sub- scribers and	In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES n 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 ast 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										
Rates	separately for the particular servi Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note	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										
	first set" and would be counted on Block 2: If your cable system if printed in block 1 (for example, ti with the number of subscribers a sufficient.	nce again unde nas rate catego ers of services nd rates, in the	er "Service to a pries for second that include or	dditional set(s). lary transmissio ne or more seco	" n service that are ndary transmissio	different fror ns), list them on of the ser	n those n, together vice is					
	BLC	OCK 1 NO. OF	-			BLOCK	Z NO. OF					
	CATEGORY OF SERVICE	SUBSCRIB		TE CA	ATEGORY OF SE	RVICE	SUBSCRIBERS	RAT				
	Residential: • Service to first set		22	30.00 DELU	DELUXE		14	50.				
	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.											
	CATEGORY OF SERVICE	BLO RATE	CK 1 CATEGORY (RATE	CATEGO	BLOCK 2 RY OF SERVICE	RAT				
	Continuing Services:			lon-residential		UNIEGO		1.741				
	• Pay cable	80.00	Motel, hote	el		Sports &	& Entertain.	13.				
	• Pay cable—add'l channel		Commerci	al		Cinemax	ĸ	11.				
	Fire protection		• Pay cable			HBO		17.				
	•Burglar protection		1 7	add'l channel		Showtin Starz! E	ne & TMC	10. 12.				
	Installation: Residential First set 	00.00	Fire protect Burglar protect			NFL Rec		12. 49.				
	Additional set(s)	99.00 110.00	Burglar pro Other service					4 3.				
	• FM radio (if separate rate)		 Reconnect 	t	30.00							
	FM radio (if separate rate) Converter		Reconnect Disconnect		30.00							

Name	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTE 3					
	NEX-TECH LLC								
	PRIMARY TRANSMITTERS:								
G smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station : basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eace educational station, by enti- (for independent multicast). For the meaning of these t Column 4: Give the location	also in space I, if the station was carried b on concerning substitute basis stations, se n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a) stations carried only on a part-ti carriage of certain network progra e)(2) and (4))]; and (2) certain sta ied by your cable system on a sul Special Statement and Program oth on a substitute basis and also ep page (v) of the general instruct gram services such as HBO, ESF ir designation. For example, repo- sion station for broadcasting over ation, an independent station, or a r network multicast), "I" (for indep 'E-M" (for noncommercial educati ions in the paper SA1-2 form.	ime basis under ams [sections attions carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial rendent), "I-M" ional multicast). is licensed by the					
	1. CALL SIGN	4. LOCATION OF STATION							
	KSNC	2	N	GREAT BEND, KS					
	KLBY	4	N	WICHITA, KS					
vs as Necessary	квѕн	7	N	HAYS, KS					
vs as Necessary	KBSH KSNK	7 8	N N	HAYS, KS McCOOK, NE					
vs as Necessary									
vs as Necessary	KSNK	8	N	McCOOK, NE					
rs as Necessary	KSNK KOOD	8 9	N E	McCOOK, NE HAYS, KS					
is as Necessary	KSNK KOOD KAKE	8 9 10	N E N	McCOOK, NE HAYS, KS WICHITA, KS					
is as Necessary	KSNK KOOD KAKE KSAS-DT2	8 9 10 17	N E N	McCOOK, NE HAYS, KS WICHITA, KS WICHITA, KS					
vs as Necessary	KSNK KOOD KAKE KSAS-DT2 KSCW	8 9 10 17 23	N E N N-M I	McCOOK, NE HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS					
<i>is</i> as Necessary	KSNK KOOD KAKE KSAS-DT2 KSCW KSAS	8 9 10 17 23 24	N E N N-M I N	McCOOK, NE HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS					
<i>is</i> as Necessary	KSNK KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2	8 9 10 17 23 24 110	N E N N-M I N N-M	McCOOK, NE HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS					
rs as Necessary	KSNK KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2	8 9 10 17 23 24 110 180	N E N N-M I N N-M N-M N-M	McCOOK, NE HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS					
vs as Necessary	KSNK KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2	8 9 10 17 23 24 110 180 181 181	N E N N-M I N N-M N-M I-M	McCOOK, NE HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS					
rs as Necessary	KSNK KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3	8 9 10 17 23 24 110 180 181 182	N E N N-M I N N-M N-M I-M I-M	McCOOK, NE HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS					
<i>is</i> as Necessary	KSNK KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3	8 9 10 17 23 24 110 180 181 182 183	N E N N-M I N-M N-M I-M I-M E-M	McCOOK, NE HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS					
<i>is</i> as Necessary	KSNK KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2	8 9 10 17 23 24 110 180 181 182 183 184	N E N N-M I N-M N-M I-M I-M I-M E-M I-M	McCOOK, NE HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS					
<i>i</i> s as Necessary	KSNK KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3	8 9 10 17 23 24 110 180 181 182 183 184 185	N E N N-M I N-M N-M I-M I-M E-M I-M I-M N-M	McCOOK, NE HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS					
<i>is</i> as Necessary	KSNK KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3	8 9 10 17 23 24 110 180 181 182 183 184 185 186	N E N N-M I N-M N-M I-M I-M I-M E-M I-M I-M I-M I-M	McCOOK, NE HAYS, KS WICHITA, KS					
<i>i</i> s as Necessary	KSNK KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KMTW-DT4	8 9 10 17 23 24 110 180 181 182 183 184 185 186 187	N E N N-M I N-M N-M I-M I-M E-M I-M I-M I-M I-M I-M	McCOOK, NE HAYS, KS WICHITA, KS					
<i>is</i> as Necessary	KSNK KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2	8 9 10 17 23 24 110 180 181 182 183 184 185 186 187 189	N E N N-M I N-M N-M I-M I-M E-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	McCOOK, NE HAYS, KS WICHITA, KS					

Accounting F	Period: 2021	2						FORM	I SA1-2E. PAGE
LEGAL NAME O		CABLE SY	/STEM:						SYSTEM ID 3107
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal						н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: 10 Column 2: 5 Column 3: 11 signal, indicate Column 4: 0) 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 recein the Co sign of the static ion's sig g a check n's locati	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on 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	at i sy th	the system's he rstem's FM ante is point, see par d by the cable s station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral ir eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Π	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KQY	FM		HILL CITY, KS	Π					
KDT	FM		BURDETT, KS						
				┤┝					
				łŀ					
				┨┝					
				łŀ					
				╢					
				łŀ					
				╢					
				łŀ					
				$\left \right $					
				┨┝					
				$\left \right $					
				┨┢					
				$\left \right $					
				11					
] [
				$\left \right $					
				$\left \right $					
				$\left \right $					
				┨┢					
	.			4 -					

Accounting Period	d: 2021/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	NEX-TECH LLC							31078
	SUBSTITUTE CARRIAGE							
l 1								
l I	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					e general mat			-2 10111.
Special	1. SPECIAL STATEMENT	-						
Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Program Log	roadcast by a distant station?							
	Note: If your answer is "No	", leave the	rest of this page	ge blank. If your answer is	"Yes," you m	ust complete	the progra	ım
	log in block 2.	,		, ,	, ,	•	1 3	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			ate line. Use abbreviations	wherever po	ssible. if their	meaning i	s
	clear. If you need more spa	ace, please	add additional	rows to the tables.			-	
				ision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		DVIES OF DASKE	elball. List specific progra		kample, 1 Lov	e Lucy O	
			dcast live, ente	r "Yes." Otherwise enter "	No."			
	Column 3: Give the call	sign of the	station broadca	asting the substitute progr	am.			
				he community to which the			CC or, in	
	the case of Mexican or Car						ith the me	nth
	first. Example: for May 7 give		when your sys	tem carried the substitute	program. Us	e numerais, w	iin ine mo	ทเท
			e substitute pro	gram was carried by your	cable system	. List the time	s accurate	elv
	to the nearest five minutes.							.,
	stated as "6:00–6:30 p.m."							
				was substituted for progr				
	to delete under FCC rules a was substituted for program							ram
	effect on October 19, 1976		your system wa			and regulation	15 111	
		•						
					WHE	N SUBSTITU	ITE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCUF	RED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
		1						
							<u>-</u>	
						_		
		1	[]			
					-			
						_		
						_		
						_		
						_		

Accounting Period:	2021/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	S	YSTEM ID# 31078
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (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	1,067.20 sss 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 \$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.	263,800	
	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 this	s six-month	
	accounting period is \$52.00 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		
	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)	
	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)	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 Registe See page i of the general instructions in the paper SA1-2 form for more information		is!

Accounting Period:	2021/2								FORM SA1-2E. PAGE
Name	LEGAL NAME OF	F OWNER OF CABLE SYSTEM: LC							SYSTEM IC 3107
M Channels	to its subscrit 1. Enter the t system car 2. Enter the t on which th	: You must give (1) the number pers, and (2) the cable system's otal number of channels on whi rried television broadcast station otal number of activated channe ne cable system carried television padcast services	s total num ich the cab ns els ion broadca	mber of able	f activated chan	nels during the	accounting	period.	
N Individual to Be Contacted		TO BE CONTACTED IF FURT ct about this statement of acco		ORMA	TION IS NEED	E D (Identify an	individual to	whom	
for Further Information	Name	Scott Roe						Telephone	785-625-7070
	Address	2418 Vine Street (Number, street, rural route, apar Hays, KS 67601 (City, town, state, zip)	rtment, or sui	suite num	nber)				
	Email	sroe@nex-tech	h.com				Fax (o	otional	
O Certification	I, the undersig (Ow (Age X (Of I have examin are true, comp	N (This statement of account m ned, hereby certify that (Check or ner other than corporation or p ent of owner other than corpora in line 1 of space B and that th ficer or partner) I am an officer (in line 1 of space B. ed the statement of account and I olete, and correct to the best of m action 1001(1986)]	ne, <i>but only</i> partnership ation or pa ne owner is (if a corpora hereby dec ny knowledg	nly one , nip) I am partners is not a (pration) o eclare ur dge, info	of the boxes.) n the owner of the ship) I am the du corporation or pa or a partner (if a p nder penalty of Ia	e cable system a ly authorized ag rtnership; or partnership) of th w that all statem ief, and are mad	as identified ir ent of the ow he legal entity nents of fact o le in good fai	n line 1 of space B; ner of the cable sys r identified as owne contained herein th.	stem as identified
		Typed or printer Title: (т Date:	d name: Chief	Rh f Fina	e using an "/s/ sig nonda S. Go ancial Office on held in corporati	ddard r		2/2022	

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: 2021/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
(-TECH LLC	310
 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 made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statemer Concerning Gros Receipts Exclusio
Name Mailing Address	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
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
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	
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	
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	
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	
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	

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.

C	Cal Woi	ble rksheet	Total amount of remittance	Num	ber of SAs rec'd	lı	nitials
			Date of remittance	- Check	EFT	FILIN	IG FEES
Cable ID #						Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocation	ı number		
Space A Accounting Period							
	Janua	ary 1 - June 30, 2017	C	July 1 - Decemb	er 31, 2017		
	Lette	r sent		Information rece	eived		
		pted	C	Phone call/Date/	'Contact		
Space B Owner							
	Lette	r sent	Γ	Information rece	eived		
		oted	Γ	Phone call/Date/	/Contact		
Space D Area Served							
	Lette	r sent	Γ	Information rece	eived		
		pted	E	Phone call/Date/	Contact		
Space E Secondary Transission							
Service Subscribers:	Lette	r sent	C	Information rece	eived		
and Rates		pted	C	Phone call/Date/	'Contact		
Space G Primary Transmitters:							
Television	Lette	r sent	Γ	Information reco	eived		
		pted	Γ	Phone call/Date,	/Contact		
Space H Primary Transmitters:							
Radio	Accep	pted		Phone call/Date	/Contact		

		Space I Substitute Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
✓Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fe
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	