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

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

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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					
3/1/2022	\$					
	ALLOCATION NUMBER	1				

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2021/2 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.
	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)
•	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	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 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	62978
D	Instructions: List each separate community served by the cable system. A "con separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or m	d communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first
Served	city.	
First	CITY OR TOWN REPUBLIC	STATE KS
Community		
Add Rows as Necessary		

	FC LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	NEX-TECH LLC									и IE 297	
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RA	TES						
E	In General: The information in s										
0	system, that is, the retransmission										
Secondary Transmission	about other services (including p		-				iose existir	ig on the			
Service: Sub-	5 51 (
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in										
Rates	each category by counting the nu							charged			
	separately for the particular server Rate: Give the standard rate c							and the			
	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 categories, that person or entity			-		-					
	subscriber who pays extra for ca										
	first set" and would be counted o										
	Block 2: If your cable system I	nas rate catego	ories for a	secondary trar	smission s						
	printed in block 1 (for example, ti										
	with the number of subscribers a sufficient.	ind rates, in the	e right-ha	and block. A tw	o- or three	-word description	on of the se	ervice is			
		OCK 1					BLOCK	(2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA	A	
	Residential:										
	Service to first set		46	30.00	DELUX	E		4	3 50	0.	
	 Service to additional set(s) 									•••••	
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter									•••••	
	Residential		••••••								
	Non-residential									••••	
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES	5						
F	In General: Space F calls for rat	•	,		•						
•	not covered in space E, that is, the service for a single fee. There are										
Services	furnished at cost or (2) services		,		0		0()				
Other Than	amount of the charge and the un										
Secondary	enter only the letters "PP" in the	rate column.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	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 convices in the form of a										
	listed in block 1 and for which a separate charge was made or established. List these other services in the form brief (two- or three-word) description and include the rate for each.										
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	VICE	RATE	CATEG	BLOCK 2 DRY OF SERVIC	E RA	Δ-	
	Continuing Services:			tion: Non-res			UATEO			-	
	• Pay cable	80.00		el, hotel			Sports	& Entertain.	1:	3.	
	• Pay cable—add'l channel			nmercial			Cinema		1		
	Fire protection			cable			HBO		1		
	•Burglar protection			cable-add'l ch	annel			me & TMC	10		
	Installation: Residential		· ·	protection			Starz!		12		
	First set	99.00		glar protection			NFL Re		49		
	Additional set(s)	110.00		ervices:							
	• FM radio (if separate rate)	110.00		onnect		30.00				•••••	
	• Converter			connect		00.00					
			- 0150								
	Converter					110.00					
				let relocation ve to new addr	000	110.00 99.00					

lame		OF CABLE SYSTEM:		SYSTI						
	NEX-TECH LLC									
	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)									
G Primary ransmitters: Television	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 ent (for independent multicast) For the meaning of these t Column 4: Give the location	am during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph. S: With respect to any distant stations car rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried I on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-	1) stations carried only on a part-tin carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also bee page (v) of the general instructi ogram services such as HBO, ESP air designation. For example, repo- ision station for broadcasting over the tation, an independent station, or a prinetwork multicast), "I" (for independent "E-M" (for noncommercial education tions in the paper SA1-2 form. he community to which the station in	me basis under ams [sections tions carried on a postitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the						
	1. CALL SIGN	4. LOCATION OF STATION								
	KSNC	2	N	GREAT BEND, KS						
	KLNE	3	E	LEXINGTON, NE						
Rows as Necessary										
	KSNB	5	Ν	SUPERIOR, NE						
s as Necessary	KSNB KBSH	5	N N							
rs as Necessary		···		SUPERIOR, NE						
rs as Necessary	KBSH	7	N	SUPERIOR, NE HAYS, KS						
rs as Necessary	KBSH KOOD	7 9	N E	SUPERIOR, NE HAYS, KS HAYS, KS						
rs as Necessary	KBSH KOOD KGIN	7 9 11	N E N	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE						
is as Necessary	KBSH KOOD KGIN KHGI	7 9 11 13	N E N N	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE						
rs as Necessary	KBSH KOOD KGIN KHGI KFXL	7 9 11 13 14	N E N N	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE						
rs as Necessary	KBSH KOOD KGIN KHGI KFXL KSNB-DT2	7 9 11 13 14 15	N E N N	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE						
rs as Necessary	KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KCWH	7 9 11 13 14 15 16	N E N N	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE LINCOLN, NE						
rs as Necessary	KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KCWH KSCW	7 9 11 13 14 15 16 23	N E N N I I I I I	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS						
rs as Necessary	KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KCWH KSCW KSAS	7 9 11 13 14 15 16 23 24	N E N N N I I I I N	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS						
rs as Necessary	KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KCWH KSCW KSAS KWCH-DT2	7 9 11 13 14 15 16 23 24 110	N E N N N I I I I N N-M	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS						
rs as Necessary	KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KCWH KSCW KSAS KWCH-DT2 KOOD-DT3	7 9 11 13 14 15 16 23 24 110 183	N E N N N I I I I N N-M E-M	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS						
rs as Necessary	KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KCWH KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3	7 9 11 13 14 15 16 23 24 110 183 186	N E N N N I I I I N N-M E-M I-M	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS						
rs as Necessary	KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KCWH KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KMTW-DT4	7 9 11 13 14 15 16 23 24 110 183 186 187	N E N N N I I I I I N N N-M E-M I-M I-M	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS						
rs as Necessary	KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KCWH KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2	7 9 11 13 14 15 16 23 24 110 183 186 187 189	N E N N N I I I I N N N-M E-M I-M I-M I-M E-M	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS						
rs as Necessary	KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KCWH KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2	7 9 11 13 14 15 16 23 24 110 183 186 187 189	N E N N N I I I I N N N-M E-M I-M I-M I-M E-M	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS						

Accounting I	Period: 2021/	2						FORM	/ SA1-2E. PAGE 4.
LEGAL NAME O NEX-TECH		ABLE SY	/STEM:						SYSTEM ID# 62978
	st every radio s	tation ca	arried on a separate and disc nerally receivable by your cat						н
receivable if (1 on the basis of For detailed inf paper SA1-2 fc Column 1: I Column 2: \$ Column 3: I signal, indicate Column 4: () it is carried by monitoring, to formation aboutorm. Identify the call State whether t if the radio state this by placing Give the station	y the sys be recein t the Co sign of the he static ion's sig g a chech n's locati	I-Band FM Carriage: Under of stem whenever it is received a wed 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 t ⊧ sy ⊧ thi sec	he system's he stem's FM ante s 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 jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KQMA	FM		PHILLIPSBURG, KS	Π					
KKDT	FM		BURDETT, KS						
KREP	FM		BELLEVILLE, KS	$\left\{ \right\}$					
				_					
				$\left\ \cdot \right\ $					
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/ lecounting / cirio	d: 2021/2						FOR	M SA1-2E. PAGE 5.			
News	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#			
Name	NEX-TECH LLC							62978			
	SUBSTITUTE CARRIAGE										
I	In General: In space I, ident										
Substitute	substitute basis during the a explanation of the programm										
Carriage:					e general matri			-2 101111.			
Special	1. SPECIAL STATEMENT	-									
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
Program Log	broadcast by a distant station?										
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS										
	In General: List each subs			ate line. Use abbreviations	wherever pos	ssible, if their	meaning i	s			
	clear. If you need more spa					,		-			
				vision program ("substitute							
	period, was broadcast by a										
	under certain FCC rules, re Do not use general categor	egulations, o riog liko "mo	or authorization	is. See page (v) of the ger	eral instruction	ons for furthe	r informatio	on. r			
	"NBA Basketball: 76ers vs.			etball. List specific progra		cample, 1L0	Ve Lucy O	I			
			dcast live, ente	er "Yes." Otherwise enter "l	No."						
	Column 3: Give the call	sign of the s	station broadca	asting the substitute progra	am.						
				he community to which the			FCC or, in				
	the case of Mexican or Car										
	first. Example: for May 7 give		when your sys	tem carried the substitute	program. Use	e numerals, v	with the mo	onth			
			substitute pro	gram was carried by your	cable system	l ist the time	es accurate	alv			
	to the nearest five minutes.							Siy .			
	stated as "6:00–6:30 p.m."			, ,		•					
				was substituted for progr							
	to delete under FCC rules a							gram			
	was substituted for program		our system wa	as permitted to delete unde	er FCC rules a	and regulatio	ns in				
	effect on October 19, 1976.										
	effect on October 19, 1976	i.									
	effect on October 19, 1976	i.			WHE		JTE				
			E PROGRAM			N SUBSTITI		7. REASON FOR			
		SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES	7. REASON FOR DELETION			
	S	SUBSTITUT		4. STATION'S LOCATION	CARRI	AGE OCCUI	RRED IES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED 1ES				

Accounting Period:	2021/2	FORM SA	A1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	S	YSTEM ID# 62978						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Eni 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	7,593.75 ss 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 accounting period is \$52.00	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 2	\$	52.00						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)							
	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		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	1 Pought Fog Poughle for Appounting Paried (from Plack 1.0 or 2 shour)	E2 00							
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 2. Filing Fee (See the instructions for more information on filing fee calculations) \$	<u>52.00</u> 15.00							
		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		ts!						

Accounting Period	: 2021/2							FORM SA1-2E. PAGE
Name	LEGAL NAME OF NEX-TECH LL	OWNER OF CABLE SYSTEM: _C						SYSTEM II 629
M Channels	to its subscribe 1. Enter the to system carr 2. Enter the to on which the	You must give (1) the numbers, and (2) the cable system otal number of channels on wiried television broadcast station otal number of activated chan e cable system carried televi- adcast services	's total num hich the cab ons nels sion broadc	nber of activate	ed channels during th	he accounting period.		18 331
N Individual to	we can contac	TO BE CONTACTED IF FUR to about this statement of acc		ORMATION IS	NEEDED (Identify a	an individual to whom		
Be Contacted for Further Information	Name	Scott Roe				Те	elephone 785-6	25-7070
	Address	2418 Vine Street (Number, street, rural route, ap Hays, KS 67601 (City, town, state, zip)	artment, or su	iite number)				
	Email	sroe@nex-te	ch.com			Fax (optional		
O Certification	I, the undersign (Own (Agen X (Offi I have examine are true, compl	N (This statement of account ned, hereby certify that (Check ner other than corporation or nt of owner other than corpo in line 1 of space B and that icer or partner) I am an officer in line 1 of space B. ed the statement of account and lete, and correct to the best of ction 1001(1986)]	one, <i>but only</i> partnership ration or pa the owner is - (if a corpora d hereby dec my knowledg	y one , of the bo p) I am the own artnership) I an not a corporation ation) or a partmetication	er of the cable system n the duly authorized a on or partnership; or er (if a partnership) o alty of law that all state	n as identified in line 1 of s agent of the owner of the o f the legal entity identified ements of fact contained h	space B; or cable system as ic as owner of the ca	
				electronic signa	"/s/ signature" (e.g.,	e to certify this statement /s/ John Smith)		
			od nomo:	Rhonda 3				
		Typed or print Title:	Chief	Financial (S. Goddard Officer corporation or partnershi	ip)		

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 II requested is that it may delay processing of your statement of account, and it may affect the legal sufficiency of the fing, 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	629
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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P- Special Statemer Concerning Gros Receipts Exclusio
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 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.	0
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.	L L
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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	L L
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C	Cable Worksheet		Total amount of remittance	Number c	of SAs rec'd	lı	nitials
	vv01	KSHEEL	Date of remittance	Check	EFT	FILIN	IG FEES
Cable ID #						Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocation nun	nber		
Space A Accounting Period							
	Janua	ary 1 - June 30, 2017	C	July 1 - December 31,	2017		
	Letter	r sent	[Information received			
		oted	[Phone call/Date/Conta	act		
Space B Owner							
	Letter	r sent	C	Information received			
		oted	[Phone call/Date/Conta	act		
Space D Area Served							
	Letter	r sent	[Information received			
		oted	Γ	Phone call/Date/Conta	act		
Space E Secondary Transission							
Service Subscribers:	Letter	r sent	Γ	Information received			
and Rates		oted	C	Phone call/Date/Conta	act		
Space G Primary Transmitters:							
Television	Letter	r sent	Γ	Information received			
		oted	Γ	Phone call/Date/Conta	act		
Space H Primary Transmitters:							
Radio		oted	[Phone call/Date/Conta	act		

		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 Filin 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	
	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	