THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
8-30-22	\$ ALLOCATION NUMBER				

SA1-2 Short Form

Return to: Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)							
Accounting	■ January 1–June 30 .2022		July 1-December 31					
Period	(Year)		(Year)					
B Owner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other 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. 30766 1 LEGAL NAME OF OWNER OF CABLE SYSTEM: NTS Communications, LLC 30766 2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT): VEXUS FIBER							
	3 MAILING ADDRESS OF OWN 912 S. Main, Suite 106 (Number, street, rural route, apartment, of Sikeston, MO 63801 (City, town, state, zip)	or suite number)						
С	Instructions: In line 1, give any busing already appear in space B. In line 2,	ess or trade names used to id give the mailing address of th	entify the business and operation of the sys se system, if different from the address give	tem unless these names en in space B.				
System	1 IDENTIFICATION OF CABLE	SYSTEM:						
	2 (Number, street, rural route, apartment, o							
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 identified city.							
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First ▶	Amarillo	TX						
Community	Canyon	24.54 C.M Gallet 1.60 et e. 5.4 C.M. C.M. A.M. A.M. A.M. A.M. A.M. A.M.						
	Pampa	TX						

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 filing, a determination that would be made by a court of law.

NTS Communications, LLC			30766	Name
areas and including single, discrete unince of system identification hereafter known a	orporated areas)." 47 C.F	ystem. A "community" is the same as a "community (including unincorporated communities F.R. §76.5(dd). The first community that you Please use it as the first community on all furns, or mobile home parks should be reported in	within unincorporated list will serve as a form	D Area Served
CITY OR TOWN	STATE	CITY OR TOWN	STATE	
		Associating to to to the control of	UNITE	
****************************			*************	◀ First
			*******	Community
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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NTS Communications, LLC

30766

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.

BLOCK	(1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential: Service to first set Service to additional set(s) FM radio (if separate rate)	1,126	\$26.76	***************************************	**************************************		
Motel, hotel Commercial Converter	49	\$26.76	***************************************			
Residential Nonresidential	***************************************	********	***************************************			

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 1				BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
• Pay cable	222332	Motel, hotel				
Pay cable-add'l channel		Commercial				
Fire protection		Pay cable				
Burglar protection	227222	Pay cable-add'l channel				
Installation: Residential		Fire protection				
First set	1111111	Burglar protection				
Additional set(s)	****	Other Services:				
FM radio (if separate rate)		Reconnect		# # # # # # # # # # # # # # # # # # #		
Converter		Disconnect				
		Outlet relocation		(a, a, a		
		Move to new address				

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NTS Communications, LLC

Name

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 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 multicast stream "WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately; for example, WETA-2-simulcast).

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.

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
KACV-HD	2.1	E	Amarillo, TX
KACV-SD	2.2	E-M	Amarillo, TX
KACV.3	2.3	E-M	Amarillo, TX
KAMR.1	4.1	N	Amarillo, TX
KAMR.2	4.2	N-M	Amarillo, TX
KAMR.3	4.3	I-M	Amarillo, TX
KCIT.1	14.1	N	Amarillo, TX
KCIT.2	14.2	I-M	Amarillo, TX
KCIT.3	14.3	I-M	Amarillo, TX
KCIT.4	14.4	I-M	Amarillo, TX
KEYU.2	31.2	I-M	Borger, TX
KFDA.1	10.1	N	Amarillo, TX
KFDA.2	10.2	I-M	Amarillo, TX
KEYU.1	31.1	N	Borger, TX
KFDA.4	10.4	I-M	Amarillo, TX
KVII-HD	7.1	N	Amarillo, TX
KVII-CW	7.2	N-M	Amarillo, TX
KVII.3	7.3	I-M	Amarillo, TX
⟨VII.4	7.4	I-M	Amarillo, TX
KAMR.4	4.4	I-M	Amarillo, TX

G

Primary Transmitters: Television

								FORM SA1-2. PAGE		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NTS Communications, LLC 30766									
H	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. Special Instructions: Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally									
Primary Transmitters: Radio	Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is gene receivable if (1) it is carried by the system whenever it is received at the system's headend; and (2) it can be expected the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals, detailed information about the the Copyright Office regulations on this point, see page (iv) of the general instruction 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 disciplinal, 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 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		
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		32								
					<u> </u>					
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SURSTITUTE CARRIAG	SEL COFOL	VI 0747-11			30766		
SUBSTITUTE CARRIAGE In General: In space I, ide system carried on a substitutions, or authorizations. Fo the general instructions.	entity every ni ute basis duri	onnetwork tele	evision program, broade	cast by a o	listant station, that and former FCC r ded in this log, se	at your cable rules, regula- e page (v) of	Substitute
SPECIAL STATEMENT During the accounting period broadcast by a distant standard stand	eriod, did you tation?	r cable system	carry, on a substitute b				Carriage: Special Statement and Program Log
2. LOG OF SUBSTITUTE F In General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a cunder certain FCC rules, red Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call second the case of Mexican or Canacolumn 5: Give the mont first. Example: for May 7, given Column 6: State the times to the nearest five minutes. Eas "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules and was substituted for programs.	titute progrance, please attoof every nonredistant station gulations, or a les like "movi Bulls." I was broadcatign of the station adian stations in and day where "5/7." Is when the substantial in the list of regulations.	network televish and that your authorizations. es" or "basket ast live, enter tition broadcas's location (the s, if any, the coen your system ubstitute program carried ted program win effect during and the state of the state o	pages. sion program ("substitute cable system substitute See page (v) of the gerball." List specific programs, "Yes.". Otherwise, enterting the substitute programment of the substitute programment of the substitute arm was carried by your by a system from 6:01:	te program ed for the program titles, "No." ram. he station e station is program. I cable syst 15 p.m. to 6 ramming th	") that, during the ogramming of and ctions for further for example, "I Lo is licensed by the identified). Jse numerals, with the identified in the second control is the times in the second control	accounting other station information. ove Lucy" or FCC or, in the month accurately do be stated as required	
on October 19, 1976.	UBSTITUTE I	ur system was	s permitted to delete un	WHEN	ules and regulatio	ns in effect 7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH 6. TIMES AND DAY FROM — TO		FOR DELETION	
	-			-	<u>_</u>		
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TOTAL TELESCOPE CONTRACTOR				******		******	
				<u> </u>	 ,		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NTS Communications, LLC 30766
	N13 Communications, EEC
K Gross Receipts	Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vi) of the general instructions. • 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.
Copyright Royalty Fee	COPYRIGHT ROYALTY AND FILING FEES Instructons: 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 for more information.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. Filling Fee \$15.00
	A TOTAL DOVALTY AND SHAND SEED DAVABLE FOR ACCOUNTING DEDICE
	Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 1, 2 and 3 \$\times 1 \tag{5.5}\$
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula
	\$ \$238,523.00
	2. Enter amount or gross receipts from space K
	3. Subtract line 2 iron fine 1
	4. Enter the amount of gross receipts from space K \$238,523.00 \$ \$25,277.00
	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 \$\\ \begin{align*} \\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
	9. Filing Fee
	10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 7, 8 and 9
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	\$
	1. Enter the amount of gross receipts from space K \$263,800
	2. Base amount under statutory formula
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	5. Hoyalty due on the linst \$255,500 or gross receipts (under statutory formula)
	6. Interest Charge, Enter the amount from line 4, space Q, page 8 \$\) \$\\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$
	7. Filing Fee
	8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7
	IMPORTANT: Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page i of the general instructions for more information.

LEGAL NAME OF OWNER OF CABLE SYSTEM:			New
NTS Communications, LLC		30766	Name
Enter the total number of activated channels on which the cable system carried	h the cable s.	accounting period.	M Channels
INDIVIDUAL TO BE CONTACTED IF FUR (Identify an individual we can contact about thi	RTHER INFORMATION IS NEEDED s statement of account.)		N
Address 912 S. Main, Suite 106 (Number, street, rural route, apartment, or suite number)			Individual to Be Contacted for Further Information
(City, town, state, zip)			
Email (optional) robin.davidson@vexusfiber.co	om Fax (optional)		
CERTIFICATION (This statement of account nations, as explained in the general instructions.)	nust be certified and signed in accordance wi	th Copyright Office regula-	0
I, the undersigned, hereby certify that (Chec	k one, but only one, of the boxes.)		Certification
(Owner other than corporation or partner space B; or		identified in line 1 of	
(Agent of owner other than corporation of cable system as identified in line 1 of space	r partnership) I am the duly authorized ager B, and that the owner is not a corporation o	of the owner of the partnership; or	
(Officer or partner) I am an officer (if a corp owner of the cable system in line 1 of space	oration) or a partner (if a partnership) of the I B.	egal entity identified as	
 I have examined the statement of account ar tained herein are true, complete, and correct good faith. [See 18 U.S.C. sec.1001] 	nd hereby declare under penalty of law that a to the best of my knowledge, information, ar	all statements of fact con- nd belief, and are made in	
Handwritten:	signature: Jm MSKc		
Typed or prin	ted name: James M. Gleason		
Title: CEO	(Title of official position held in corporation or par	tnership)	
Date: 8/29/20	022	***************************************	

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NTS Communications, LLC	30766					
	N/3 Communications, EEC						
Special Statement Concerning	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."						
Gross Receipts	For more information on when to exclude these amounts, see the note on page (vi) of the ge						
Exclusions							
	During the accounting period, did the cable system exclude any amounts of gross receipts for made by satellite carriers to satellite dish owners?	secondary transmissions					
	■NO						
	YES. Enter the total here and list the satellite carrier(s) below\$						
	Name Mailing address Mailing address						
	INTEREST ASSESSMENT						
Interest	You must complete this worksheet for those royalty payments submitted as a result of a late payment an explanation of interest assessment, see page (vii) of the general instructions.	ayment or underpayment.					
Assessment	Line 1. Enter the amount of late payment or underpayment						
		x%					
	Line 2. Multiply line 1 by the interest rate* and enter the sum here.						
		x ——— days					
	Line 0. M. Mink line 0 by the mumber of days lete and enter the gum here	,					
	Line 3. Multiply line 2 by the number of days late and enter the sum here	x .00274					
	Line 4, Multiply line 3 by .00274** and enter here and in space L (page 6) block 1, line 2, or block 2, line 8, or block 3, line 6\$						
		(interest charge)					
	* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	further assistance please					
	**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 list below the owner, address, first community served, ID number, and accounting period as	e Copyright Office, please given in the original filing.					
	Owner						
	Address						
	ID number						
	First community served						
	Accounting period						

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		ii	