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 COPYRIGE	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/23/2023	\$ ALLOCATION NUMBER	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))
	2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
•	20222 Barcode Data Filing Period (optional - see instructions)
Accounting Period	
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	NEX-TECH LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	145 M 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	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#
Nume	NEX-TECH LLC	25819
D	"a separate and distinct community or municipal entity (including uninco	
Served	identified city.	
	CITY OR TOWN	STATE
First	NATOMA	KS
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM				FORM SA1	TEM ID
Name	NEX-TECH LLC	BEE OF OF EM.				010	2581
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION 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 each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disco Block 1: In the left-hand block systems most commonly provide	pace E should on of television hay cable) in sp I (June 30 or D h blocks in spar y transmission umber of billing ice at the rate i harged for eac . (Example: "\$2 ounts allowed in space E, the e to their subsc	cover all categories and radio broadcast ace F, not here. All t ecember 31, as the ce E call for the num service. In general, y gs in that category (the ndicated—not the nu h category of service 20/mth"). Summarize for advance paymen e form lists the categor ribers. Give the num	of secondary transmis s by your system to so he facts you state mu case may be). ber of subscribers to t you can compute the ne number of persons umber of sets receivin e. Include both the am any standard rate van t. ories of secondary tra ber of subscribers and	ubscribers. Give st be those exist he cable system number of subscr or organizations g service). ount of the charg iations within a p nsmission service d rate for each lis	information ing on the , broken ribers in charged ge and the particular rate ex that cable sted category	
	that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	should be cour ble service to a once again und has rate catego iers of services	nted as a subscriber additional sets would er "Service to additio pries for secondary to that include one or	in each applicable cal be included in the co onal set(s)." ransmission service th more secondary trans	egory. Example: unt under "Servio at are different fi missions), list the	a residential ce to the rom those em, together	
	BLO	DCK 1			BLOCI		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CATEGORY (OF SERVICE	NO. OF SUBSCRIBERS	RAT
	Residential:					40	50
	 Service to first set Service to additional set(s) 		55 30.00	DELUXE		42	58.
	• FM radio (if separate rate)						
	Motel, hotel						
	Commercial						
	Converter						
	Residential						
	Non-residential						
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrit hose services l e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg ottion and incluc	ber) information with that are not offered in ns: you do not need hished to nonsubscrif usually billed. If any he cable system for stem furnished or offi- e was made or estable the rate for each.	respect to all your cat n combination with an to give rate information pers. Rate information rates are charged on each of the applicable ered during the accou	y secondary tran n concerning (1) should include t a variable per-pr services listed. nting period that	smission services ooth the ogram basis, were not e form of a	
		BLO				BLOCK 2	D 4 7
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEGORY OF SE Installation: Non-re		E CATEG	ORY OF SERVICE	RAT
	• Pay cable	88.00	• Motel, hotel		Sports	& Entertain.	13.
	• Pay cable—add'l channel		Commercial		Cinema		11.
	Fire protection		 Pay cable 		НВО		17.
	•Burglar protection		 Pay cable-add'l 	channel		me & TMC	10.
	Installation: Residential		Fire protection		Starz!		12.
			Duralar protoctic	on l	NFL Re	ea∠one	
	• First set	99.00	Burglar protection				49.
	 Additional set(s) 	99.00 130.00	Other services:				49.
	• Additional set(s) • FM radio (if separate rate)		Other services: • Reconnect		0.00		49.
	 Additional set(s) 		Other services:		0.00		49.

	2022/2			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
	NEX-TECH LLC			258
G Primary nsmitters: elevision	PRIMARY TRANSMITTERS: In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here 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 chanr of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast)	entify every television station (including t em 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 ca- ules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s in's call sign. <i>Do not</i> report origination pi d with a station according to its over-the- the form. lel number the FCC assigned to the telev. VRC is channel 4 in Washington, D.C. In case whether the station is a network s ering the letter "N" (for network), "N-M" (fi , "E" (for noncommercial educational), or	(1) stations carried only on a part e carriage of certain network prog l(e)(2) and (4))]; and (2) certain st rried by your cable system on a su e Special Statement and Program both on a substitute basis and al- see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over tation, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa	television stations) -time basis under rams [sections ations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each boort multistream r the air in its community a noncommercial pendent), "I-M"
	Column 4: Give the location	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list i adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	the community to which the station	
	KSNC	2	N	
		7	N	GREAT BEND, KS
	KBSH KOOD	9	E	HAYS, KS
as Necessary	KAKE	10	N	HAYS, KS WICHITA, KS
	Keve DT3	17	N M	
	KSAS-DT2	17	<u>N-M</u>	
	KSCW	23	<u>l</u>	WICHITA, KS
	KSCW KSAS	23 24	1 N	WICHITA, KS WICHITA, KS
	KSCW KSAS KWCH-DT2	23 24 110	I N N-M	WICHITA, KS WICHITA, KS WICHITA, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2	23 24 110 180	I N N-M N-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2	23 24 110 180 181	I N N-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3	23 24 110 180 181 182	I N N-M N-M I-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3	23 24 110 180 181 182 183	I N N-M I-M I-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2	23 24 110 180 181 182 183 183 184	I N N-M N-M I-M I-M E-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3	23 24 110 180 181 182 183 183 184 185	I N N-M I-M I-M E-M I-M N-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3	23 24 110 180 181 182 183 183 184 185 185 186	I N N-M N-M I-M I-M E-M I-M I-M I-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3	23 24 110 180 181 182 183 183 184 185 186 186 187	I N N-M I-M I-M E-M I-M I-M I-M I-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2	23 24 110 180 181 182 183 183 184 185 186 187 189	I N N-M N-M I-M I-M E-M I-M I-M I-M I-M I-M I-M I-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT4 KOOD-DT2 KSCW-DT4	23 24 110 180 181 182 183 183 184 185 185 186 187 189 190	I N 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	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2 KSCW-DT4 KWCH-DT4	23 24 110 180 181 182 183 183 183 184 185 185 185 185 186 187 187 189 190 190	I N N-M N-M I-M E-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	WICHITA, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2 KSCW-DT4 KWCH-DT4	23 24 110 180 181 182 183 183 184 185 186 185 186 187 189 190 190 192 193	I N 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	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2 KSCW-DT4 KWCH-DT4	23 24 110 180 181 182 183 183 183 184 185 185 185 185 186 187 187 189 190 190	I N N-M N-M I-M E-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	WICHITA, KS WICHITA, KS

EGAL NAME O	Period: 2022		/STEM:					SYSTEM I
NEX-TECH								258
n General: Lis		tation ca	arried on a separate and disc nerally receivable by your cal					н
eceivable if (1 on the basis of for detailed inf paper SA1-2 for Column 1: 1 Column 2: 5 Column 3: 1 ignal, indicate) it is carried by monitoring, to formation about mm. dentify the call State whether t f the radio stati this by placing	/ the sys be receint the Co sign of the he static ion's sig g a check	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 th	at the system's h system's FM an this point, see p sed by the cable	eadend, and (ź tenna, during c age (v) of the c system as a s	2) it can œrtain st general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
Mexican or Ca	nadian stations	s, if any,	the community with which the	e station is ident	fied).	1		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION PHILLIPSBURG, KS	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KDT	FM		BURDETT, KS					
					<mark>-</mark>			

Accounting Perio	od: 2022/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	NEX-TECH LLC							25819
	SUBSTITUTE CARRIAG				~			
1		-	-					
•	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				9			
Special						twork tolovi	sion program	2
Statement and	During the accounting per	-	r cable system	carry, on a substitute basi	s, any nonne			
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is "	'Yes," you mι	ust complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if the	ir meaning is	5
	clear. If you need more spa							
	period, was broadcast by a			ision program ("substitute p				
	under certain FCC rules, re							
	Do not use general categori							
	"NBA Basketball: 76ers vs.	Bulls."					-	
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nsed by the	FCC or in	
	the case of Mexican or Can						51 CC 01, III	
				tem carried the substitute p			with the mor	nth
	first. Example: for May 7 giv				-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. s	hould be	
		er "R" if the	listed program	was substituted for progra	mming that v	our system	was require	d
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.							
			E PROGRAM	1		EN SUBST		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH			DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							<u> </u>	"
							_	
								"
							_	
								"
							_	
							_]
							_	
]
							_	

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	S	YSTEM ID# 25819
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (viii) 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.	mission servic s amount, see	of e 1,032.31
	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 • 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 accounting period is \$52.00	this 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,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	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		
	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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME O NEX-TECH L	F OWNER OF CABLE SYSTEM: LLC	SYSTEM ID# 25819
M Channels	to its subscrib 1. Enter the to	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period.	21
	2. Enter the to on which the	ed television broadcast stations	324
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Scott Roe Telephone 78	5-625-7070
	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	I, the undersig (Ow (Ag X (Of I have examinare true, comp	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) <i>uner other than corporation or partnership</i>) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B. need the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
		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: 02/24/2023	

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 the 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 telephoi 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 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 t 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 lave

	FORM SA1-2E. PA
	SYSTEM
-TECH LLC	23
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."	P Special Stateme Concerning Gro
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusi
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	
	mm
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 Assessm
x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessn
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
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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 th 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.