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.

DATE RECEIVED

02/23/2023

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) JUNCTION JUNCTION 20222 Period 1 = January 1 - June 30 Period 2 = July 1 - Dacember 31 JUNCTION QUICE2 Barcode Data Filing Period (optional - see instructions) Accounting Period Instruction: QUICE2 With the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate tile of the subsidiary, not that of the parent corporation. QUICE2 Owner Ust any other name or names under which the owner on ducts the business of the cable system. If there were different owners' full get attement of account and royalty fee payment covering the entire accounting period should aubrit a single statement of account and royalty fee payment covering the entire accounting period should aubrit a single statement of account and royalty fee payment covering the entire accounting period should aubrit a single statement of account and royalty fee payment covering the entire accounting period should aubrit a single statement of account and royalty fee payment covering the entire accounting period should aubrit a single statement of account and royalty fee payment covering the entire accounting period should aubrit a single statement of account and royalty fee payment covering the entire accounting period should aubrit a single statement of account and royalty fee payment covering the entire accounting period should aubrit a single statement of account and royalty fee payment covering the entire accounting period should aubrit as a stready apperent in space B. In the 2 give any business or tade nam						
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Submit a single statement of account and royalty fee payment covering the entire accounting period. 62978 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 MAILING ADDRESS OF OWNER OF CABLE SYSTEM 145 N MAIN Number: Street, 'total number' LEENORA, KS 667645 (City, Ibow, abit, 20) City, Ibow, abit, 20) System 1 DENTIFICATION OF CABLE SYSTEM: 1 2 MAILING ADDRESS OF CABLE SYSTEM: 1	Owner		List any other name or names under wh	nich the owner conducts the business o	f the cable system.	
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1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)	С					
2 (Number, street, rural route, apartment, or suite number)	System	1	IDENTIFICATION OF CABLE SYSTEM:			
			MAILING ADDRESS OF CABLE SYSTE	М:		
(City, town, state, zip code)		2	(Number, street, rural route, apartment, or suite nu	imber)		
			(City, town, state, zip code)			

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Humo	NEX-TECH LLC	62978
D	"a separate and distinct community or municipal entity (including uninco	
Area Served	identified city.	or mobile nome parks should be reported in parentileses below the
	CITY OR TOWN	STATE
First	REPUBLIC	KS
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	NEX-TECH LLC								6297
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic 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 m separately for the particular serv 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	pace E should on of television ay cable) in sp (June 30 or D blocks in spar transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the	cover al and rad ace F, n ecembe ce E call service. gs in that indicated h catego 20/mth"). for adva e form lis	I categories of io broadcasts I ot here. All the r 31, as the cas for the numbe In general, you category (the I—not the num ory of service. I Summarize al nce payment. sts the categor	secondary by your sy- facts you se may be r of subsc u can com number of ber of sets nclude bo ny standar	stem to subscrib state must be th). ribers to the cab pute the numbe f persons or org. s receiving servi th the amount or d rate variations	pers. Give in nose existin ole system, of subscri- anizations of ce). f the chargo s within a p- sion service	nformation ng on the broken bers in charged e and the articular rate e that cable	
	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 or Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	Where an inc should be cour ble service to a once again und has rate catego iers of services ind rates, in the	dividual nted as a additiona er "Serv ories for s that inc	or organization a subscriber in al sets would b ice to additiona secondary tran lude one or mo	is receivin each appl e included al set(s)." asmission ore second	ng service that f icable category. in the count un service that are lary transmissio	alls under of Example: a der "Service different fro ns), list the on of the se	different a residential e to the om those m, together ervice is	
	BLO	DCK 1 NO. OF	·				BLOCK	2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI
	Residential: • Service to first set		44	30.00	DELUX	E		41	58.0
	 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 SEC In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un 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 subscrib hose services t e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) infor that are ns: you hished to usually he cable stem furr je was m	mation with ree not offered in c do not need to nonsubscribe billed. If any ra system for ea nished or offere nade or establis	spect to al ombinatio give rate i rs. Rate in tes are ch ch of the a ed during t	n with any seco nformation cond formation should arged on a varia applicable service he accounting p	ndary trans ærning (1) d include b able per-pro es listed. æriod that v	emission services oth the ogram basis, were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:			tion: Non-res	idential				
	• Pay cable	88.00		el, hotel				& Entertain.	13.
	Pay cable—add'l channel		_	nmercial			Cinema	X	11.
	Fire protection Burglar protection		-	cable_add'l ch	annol		HBO Showtir	ne & TMC	17. 10.
	•Burglar protection Installation: Residential		-	cable-add'l ch protection	aiiitei		Starz! E		10.
	First set	99.00		glar protection			NFL Re		49.
	Additional set(s)	130.00		ervices:					-0.
	• FM radio (if separate rate)			onnect		30.00			
	Converter			connect					
			 Out 	let relocation		130.00			

nting Period:	2022/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM II
	NEX-TECH LLC			6297
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 he station was carried <i>only</i> of • 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 th e)(2) and (4), or 76.63 (referring to 76.67 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 (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, in's call sign. <i>Do not</i> report origination p id with a station according to its over-the-	(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 s e Special Statement and Program both on a substitute basis and al see page (v) of the general instru- 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 inde r "E-M" (for noncommercial educa	television stations) t-time basis under grams [sections tations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community er a noncommercial pendent), "I-M"
	Column 4: Give the location	on of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	the community to which the statio	
	KSNC	2	N	GREAT BEND, KS
	KLNE	3	E	
vs as Necessary	KSNB	5	<u>N</u>	
	KBSH	7	N	HAYS, KS
	KOOD	9	<u> </u>	HAYS, KS
	KGIN	11	N	GRAND ISLAND, NE
	KHGI	13	N	KEARNEY, NE
	KFXL	14	Ν	
	KSNB-DT2	15		
	КСШН	16	 	
	KSCW	23	 	
	KSAS	24	Ν	
	KWCH-DT2	110	N-M	
	KOOD-DT3	183	E-M	HAYS, KS
	KMTW-DT3	186	I-M	WICHITA, KS
	KMTW-DT4	187	I-M	WICHITA, KS
	KOOD-DT2	189	E-M	HAYS, KS
	KGIN-DT5	191	N-M	GRAND ISLAND, NE
	KMTW-DT1	193	I-M	WICHITA, KS

Accounting I	Period: 2022/	/2						FORM	/I SA1-2E. PAGE 4.
LEGAL NAME O		ABLE SY	/STEM:						SYSTEM ID# 62978
	t every radio s	tation ca	arried on a separate and disc nerally receivable by your ca						Н
receivable if (1 on the basis of For detailed inf paper SA1-2 fo Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C) it is carried by monitoring, to formation about mm. dentify the call State whether the f the radio state this by placing Give the statior	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 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 proces k mark in the "S/D" column. on (the community to which th the community with which th	at s s the	the system's he ystem's FM ante is point, see pa id by the cable s e station is licen:	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can œrtain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KQMA	FM		PHILLIPSBURG, KS						
KKDT KREP	FM FM		BURDETT, KS BELLEVILLE, KS						
				1					
				1					
				$\left \right $					
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	+			-			+	{	

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							62978
	SUBSTITUTE CARRIAGI				<u> </u>			
1								
•	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				<u> </u>			
Special	During the accounting per				s any nonne	twork telev	ision program	n
Statement and	broadcast by a distant star	-		ourly, on a substitute basi	o, any nonno			× NO
Program Log	-						YES	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ust complet	te the program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if the	eir meaning is	
	clear. If you need more spa Column 1: Give the title			ision program ("substitute	orogram") tha	it durina th	e accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for furth	er informatio	
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I L	ove Lucy" or	
	"NBA Basketball: 76ers vs.			""	la "			
				r "Yes." Otherwise enter "N Isting the substitute progra				
				is community to which the		nsed by th	e FCC or. in	
	the case of Mexican or Can							
			when your sys	tem carried the substitute	orogram. Use	numerals,	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	a program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. s	snould be	
		er "R" if the	listed program	was substituted for progra	mming that v	our svstem	n was <i>require</i>	d
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulati	ons in	
	effect on October 19, 1976.							
					W/HE	N SUBST		
	s	UBSTITUT	E PROGRAM	1		IAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
			1					
							_	
]					
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1								
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Accounting Period:	2022/2	FORM SA	1-2E. 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. I 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 the 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.	smission servic is amount, see	e 7,553.58
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 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 \$52	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 informa		hts!

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME O NEX-TECH L	DF OWNER OF CABLE SYSTEM: LLC	SYSTEM ID# 62978
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 bers, and (2) the cable system's total number of activated channels during the accounting period. otal number of channels on which the cable ied television broadcast stations	19
	on which the	otal number of activated channels e cable system carried television broadcast stations adcast services	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)	
Ο	CERTIFICATIO	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	I, the undersig	igned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Ow	wner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
		gent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste in line 1 of space B and that the owner is not a corporation or partnership; or	m as identified
		fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner o in line 1 of space B.	of the cable system
	are true, comp	ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein olete, and correct to the best of my knowledge, information, and belief, and are made in good faith. action 1001(1986)]	
		X /s/ Rhonda S. Goddard	
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Rhonda S. Goddard	
		Title: Chief Financial Officer (Title of official position held in corporation or partnership)	
	1		

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
	SYSTEN 62
-TECH LLC	02
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	
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	
Line 2. Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
	_
xdays	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 -	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 - Line 4 Multiply line 3 by 0.00274** and enter here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here x days - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ -	-
x	
x	-
Line 3 Multiply line 2 by the number of days late and enter the sum here -	-
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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