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 FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 8/24/23 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20231 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.	11496
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		NEX-TECH LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		145 N MAIN (Number, street, rural route, apartment, or suite number)	
		LENORA, KS 67645	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in the system of the system.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
μ			

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.

Accounting Period:	2023/1	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	SYSTEM ID# 11496
D Area Served	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon city.	nities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First Community	BURR OAK	KS
Connicility		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	BI E SYSTEM							A1-2E. F	
Name	NEX-TECH LLC	ADEL OTOTEM.						0		149
Е	SECONDARY TRANSMISSION In General: The information in s					transmission a	anviaa af th	a aabla		
	system, that is, the retransmission									
Secondary	about other services (including p									
Transmission	last day of the accounting period									
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•								
Rates	each category by counting the nu									
	separately for the particular servi	ice at the rate i	ndicated-	-not the num	ber of sets	receiving servi	ce).	-		
	Rate: Give the standard rate c	-	-	-			-			
	unit in which it is generally billed. category, but do not include disc	· ·	,		ny standaro	d rate variations	within a pa	articular rate		
	Block 1: In the left-hand block				ies of seco	ondary transmiss	sion service	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 o									
	Block 2: If your cable system h	nas rate catego	ries for s	econdary tra	nsmission s					
	printed in block 1 (for example, ti									
	with the number of subscribers a sufficient.	nd rates, in the	right-na	па рюск. А ти	vo- or three	e-word description	on of the se	ervice is		
		DCK 1					BLOCK	(2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	Б	RAT
	Residential:	JUBJURID	10	NATE	CAT	EGORT OF SE	VICE .	SUBSCRIBERS		VAT
	Service to first set		68	30.00	DELUX	E		4	9 6	60.0
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	• Residential									
	Non-residential									
									_	
_	SERVICES OTHER THAN SEC In General: Space F calls for rat					your cable syst	em's servio	ces that were		
F	not covered in space E, that is, th	•	,		•	• •				
	service for a single fee. There ar	•			•		0 ()			
Services Other Than	furnished at cost or (2) services									
Secondary	amount of the charge and the un enter only the letters "PP" in the		usually b	illed. If any ra	tes are cha	argeo on a varia	bie per-pro	gram basis,		
ransmissions:	Block 1: Give the standard rat			system for ea	ch of the a	pplicable service				
			· · · · ·					vere not		
Rates	Block 2: List any services that									
Rates	Block 2: List any services that listed in block 1 and for which a s	separate charge	e was ma	ade or establi						
Rates	Block 2: List any services that	separate charge tion and includ	e was ma e the rate	ade or establi				form of a		
Rates	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	separate charge tion and includ BLO0	e was ma e the rate CK 1	ade or establi e for each.	shed. List t	hese other serv	ices in the	form of a BLOCK 2		
Rates	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charge tion and includ	e was ma e the rate CK 1 CATEGO	ade or establi e for each. ORY OF SER	shed. List t		ices in the	form of a	E R	RAT
Rates	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charg tion and includ BLO(RATE	e was ma e the rate CK 1 CATEGO Installat	ade or establi e for each. DRY OF SER :ion: Non-res	shed. List t	hese other serv	CATEG	form of a BLOCK 2 DRY OF SERVIC		
Rates	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charge tion and includ BLO0	e was ma e the rate CK 1 CATEGO Installat • Mote	ade or establi e for each. DRY OF SER cion: Non-res	shed. List t	hese other serv	CATEGO	form of a BLOCK 2 DRY OF SERVIC & Entertain.	1	13.9
Rates	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charg tion and includ BLO(RATE	e was ma e the rate CK 1 CATEGO Installat • Mote • Com	ade or establi e for each. DRY OF SER tion: Non-res el, hotel mercial	shed. List t	hese other serv	CATEGO Sports Cinema	form of a BLOCK 2 DRY OF SERVIC & Entertain.	1	13.9 11.9
Rates	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate charg tion and includ BLO(RATE	e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay	ade or establi e for each. DRY OF SER cion: Non-res el, hotel mercial cable	shed. List t VICE sidential	hese other serv	CATEGO Sports Cinema HBO	form of a BLOCK 2 DRY OF SERVIC & Entertain.	1	13.9 11.9 17.9
Rates	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	separate charg tion and includ BLO(RATE	e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay • Pay	ade or establi e for each. DRY OF SER cion: Non-res el, hotel mercial cable cable	shed. List t VICE sidential	hese other serv	CATEGO Sports Cinema HBO Showti	form of a BLOCK 2 DRY OF SERVIC & Entertain. IX me & TMC	1 1 1	13.9 11.9 17.9 10.9
Rates	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate charg tion and includ BLO(RATE	e was ma e the rate CK 1 CATEG(Installat • Mote • Com • Pay • Pay • Fire	ade or establi e for each. DRY OF SER ion: Non-res el, hotel imercial cable cable-add'l cl protection	Shed. List t	hese other serv	CATEGO Sports Cinema HBO	form of a BLOCK 2 DRY OF SERVIC & Entertain. IX me & TMC Encore	1 1 1 1	13.9 11.9 17.9
Rates	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	separate charg tion and includ BLO(RATE 90.00	e was ma e the rate CK 1 CATEG(Installat • Mote • Com • Pay • Pay • Fire	ade or establi e for each. DRY OF SER ion: Non-res el, hotel mercial cable cable-add'l cl protection lar protectior	Shed. List t	hese other serv	CATEGO CATEGO Sports Cinema HBO Showti Starz! E	form of a BLOCK 2 DRY OF SERVIC & Entertain. IX me & TMC Encore	1 1 1 1	13.9 11.9 17.9 10.9 12.9
Rates	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	separate charg tion and includ BLO(RATE 90.00 99.00	e was ma e the rate CK 1 CATEG(Installat • Mote • Com • Pay • Pay • Fire • Burg Other so	ade or establi e for each. DRY OF SER ion: Non-res el, hotel mercial cable cable-add'l cl protection lar protectior	Shed. List t	hese other serv	CATEGO CATEGO Sports Cinema HBO Showti Starz! E	form of a BLOCK 2 DRY OF SERVIC & Entertain. IX me & TMC Encore	1 1 1 1	13.9 11.9 17.9 10.9 12.9
Rates	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate charg tion and includ BLO(RATE 90.00 99.00	e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco	ade or establi e for each. DRY OF SER ion: Non-res el, hotel mercial cable cable-add'l cl protection ilar protection ervices:	Shed. List t	hese other serv	CATEGO CATEGO Sports Cinema HBO Showti Starz! E	form of a BLOCK 2 DRY OF SERVIC & Entertain. IX me & TMC Encore	1 1 1 1	13.9 11.9 17.9 10.9 12.9
Rates	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate charg tion and includ BLO(RATE 90.00 99.00	e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco • Disc	ade or establi e for each. DRY OF SER cion: Non-res el, hotel mercial cable cable-add'l cl protection lar protection ervices: onnect	Shed. List t	hese other serv	CATEGO CATEGO Sports Cinema HBO Showti Starz! E	form of a BLOCK 2 DRY OF SERVIC & Entertain. IX me & TMC Encore	1 1 1 1	13. 11. 17. 10. 12.

g Period: 2	-			FORM SA1-2E. PAG
ime	LEGAL NAME OF OWNER O NEX-TECH LLC	F CABLE SYSTEM:		114
	PRIMARY TRANSMITTERS:	TELEVISION		
G mary mitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part-ti e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program both on a substitute basis and also see page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indepen- tions in the paper SA1-2 form. the community to which the station	me basis under ams [sections ions carried on a bstitute 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	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNC	2	N	GREAT BEND, KS
	KLNE	3	E	LEXINGTON, NE
Necessary	KSNB	5	N	SUPERIOR, NE
	KBSH	7	N	HAYS, KS
	KOOD	9	E	HAYS, KS
	KGIN	11	N	GRAND ISLAND, NE
	KHGI	13	N	KEARNEY, NE
	KFXL	14	N	LINCOLN, NE
	KSNB-DT2	15	N-M	LINCOLN, NE
	КСШН	16	I	LINCOLN, NE
		T		
	KSCW	23	I. I.	WICHITA, KS
	KSCW KSAS	23 24	l N	WICHITA, KS WICHITA, KS
			I N N-M	
	KSAS	24		WICHITA, KS
	KSAS KWCH-DT2	24 110	N-M	WICHITA, KS WICHITA, KS
	KSAS KWCH-DT2 KSCW-DT3	24 110 182	N-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS
	KSAS KWCH-DT2 KSCW-DT3 KOOD-DT3	24 110 182 183	N-M I-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS
	KSAS KWCH-DT2 KSCW-DT3 KOOD-DT3 KSAS-DT3	24 110 182 183 185	N-M I-M E-M N-M	WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS
	KSAS KWCH-DT2 KSCW-DT3 KOOD-DT3 KSAS-DT3 KMTW-DT3	24 110 182 183 185 185 186	N-M I-M E-M N-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS
	KSAS KWCH-DT2 KSCW-DT3 KOOD-DT3 KSAS-DT3 KMTW-DT3 KMTW-DT4	24 110 182 183 185 185 186 187	N-M I-M E-M N-M I-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSAS KWCH-DT2 KSCW-DT3 KOOD-DT3 KSAS-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2	24 110 182 183 185 185 186 187 189	N-M I-M E-M N-M I-M I-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS
	KSAS KWCH-DT2 KSCW-DT3 KOOD-DT3 KSAS-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2 KSCW-DT4	24 110 182 183 185 185 186 187 189 190	N-M I-M E-M N-M I-M I-M E-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS

Accounting F								FORM	/I SA1-2E. PAGE 4.
LEGAL NAME O NEX-TECH I		CABLE SY	STEM:						SYSTEM ID#
									11496
	st every radio s	station ca	rried 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 ormation about mm. dentify the call State whether the f the radio state this by placing Give the station	y the sys be recein t the Co sign of o the station ion's sign g a chech n's locati	-Band FM Carriage: Under tem whenever it is received ved at the headend, with the pyright Office regulations on each station carried. n is AM or FM. nal was electronically proces (mark in the "S/D" column. on (the community to which the the community with which th	at sse the	the system's he ystem's FM anto- nis point, see pa ed 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	!) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	1	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KQMA	FM	0,0		ſ	ONLEE OTOTA		0/12		
KKDT	FM		PHILLIPSBURG, KS BURDETT, KS	-					
KREP	FM		BELLEVILLE, KS						
				-					
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Accounting Perio	d: 2023/1					FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	NEX-TECH LLC						11496
_	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	T AND PROGRAM LOG	ì		
Substitute	In General: In space I, ident substitute basis during the a explanation of the programn	iccounting pe	eriod, under spe	cific present and former FC	CC rules, regu	lations, or authorizations.	For a further
Carriage:	1. SPECIAL STATEMEN				0	• •	
Special	 During the accounting pe 				sis. anv nonn	etwork television progra	m
Statement and	broadcast by a distant stat		······································	, , ,	, ,	YES	XNO
Program Log	5						
	Note: If your answer is "No log in block 2.	o", leave the	rest of this pag	ge blank. If your answer is	s "Yes," you n	nust complete the progra	am
	2. LOG OF SUBSTITUTE	PROGRA	MS				
	In General: List each subsclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the progra Column 3: Give the call Column 4: Give the bro	titute progra ace, please of every no distant stat egulations, c ries like "mo Bulls." m was broad sign of the adcast statid	am on a separa add additional nnetwork telev ion and that yc or authorization wies" or "baske dcast live, ente station broadca on's location (ti	rows to the tables. rision program ("substitute our cable system substitut is. See page (v) of the ge etball." List specific progra or "Yes." Otherwise enter " asting the substitute progra	e program") th ed for the pro neral instructi im titles, for e 'No." ram. e station is lic	nat, during the accountin ogramming of another sta ions for further informatio example, "I Love Lucy" of censed by the FCC or, in	g ation on. r
	first. Example: for May 7 gi	nth and day ve "5/7." les when the	when your sys	tem carried the substitute	e program. Us cable systen	se numerals, with the mo n. List the times accurate	
		and regulati nming that y	ons in effect du		d; enter the l	etter "P" if the listed proc	ed gram
	s	SUBSTITUT	E PROGRAM			EN SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		DELETION
						_	
					-		
					-	<u></u>	
						<u></u>	
					-		
					1	_	
						_	
						_	
					1	_	

Accounting Period:	2023/1	FORM S/	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	S	YSTEM ID# 11496
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, see	3,039.68 pss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 1 • 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 th accounting period is \$52.00	nis 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	_	
	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 informat		ts!

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER	OF CABLE SYSTEM:				SYSTEM ID# 11496
M Channels	 to its subscribers, and 1. Enter the total numbra system carried televing 2. Enter the total numbra on which the cable set on the system carried televing 	(2) the cable system's ber of channels on whi rision broadcast station ber of activated channe system carried televisi	is total numbrich the cable ons nels ion broadcas		counting period.	23 324
N Individual to Be Contacted	INDIVIDUAL TO BE C we can contact about			RMATION IS NEEDED (Identify an inc	dividual to whom	
for Further Information	Name Sco	tt Roe			Telephone	785-625-7070
		8 Vine Street	artment, or suite	number)		
		s, KS 67601 own, state, zip)				
	Email	sroe@nex-tech	h.com		Fax (optional	
O Certification	I, the undersigned, here (Owner other (Agent of ow in line X (Officer or p in line I have examined the sta	by certify that (Check or than corporation or p ner other than corpora 1 of space B and that th artner) I am an officer (1 of space B. tement of account and I correct to the best of m	partnership) partnership) ration or part he owner is no (if a corporati hereby decla	fied and signed in accordance with Cone, of the boxes.) I am the owner of the cable system as i nership) I am the duly authorized agent of a corporation or partnership; or on) or a partner (if a partnership) of the re under penalty of law that all statemen , information, and belief, and are made i	dentified in line 1 of space B; of the owner of the cable sys legal entity identified as owner ts of fact contained herein	tem as identified
			Enter an e Enter signa	/s/ Rhonda S. Goddard lectronic signature on the line above to o ature using an "/s/ signature" (e.g., /s/ Jo Rhonda S. Goddard		
		Typed or printed Title:	Chief F	inancial Officer osition held in corporation or partnership)		
		Date:			08/25/2023	

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 this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Inting Period: 2023/1	FORM SA1-2E. PAG
	SYSTEM
-TECH LLC	114
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 Statemer Concerning Gros
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 Exclusio
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.	
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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