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 COPYRIGH	IT 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> For additional information.
General instructions are located in the first tab of this workbook	8/24/23	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		20231 Barcode Data Filing Period (optional - see instructions)
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		NEX-TECH LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 145 N MAIN
		(Number, street, rural route, apartment, or suite number) LENORA, KS 67645 (City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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.

Accounting Period:	2023/1	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	NEX-TECH LLC	11497
D	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated c unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wil community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mob	ommunities within unincorporated areas and including single, discrete I serve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	LEBANON	KS
Community	ESBON	KS
Add Rows as Necessary		
Add nows as necessary		

	LEGAL NAME OF OWNER OF CA	BIE SYSTEM						-	1-2E. PAGE STEM IC
Name	NEX-TECH LLC	ADEL OTOTEM.						010	1149
Е	SECONDARY TRANSMISSION								
<b>L</b>	In General: The information in sp system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							3	
Service: Sub-	Number of Subscribers: Both	•							
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular servi							harged	
	<b>Rate:</b> Give the standard rate cl							and the	
	unit in which it is generally billed.	-	-				-		
	category, but do not include disc								
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					in the count und	der "Service	e to the	
	first set" and would be counted o								
	Block 2: If your cable system h printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.	,	5			•			
	BLC	DCK 1	·				BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> </ul>		140	30.00	DELUX	E		111	60.0
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		Nemieei		<u>.</u>				
-	In General: Space F calls for rat					your cable syst	em's servio	es that were	
F	not covered in space E, that is, th	nose services t	hat are n	ot offered in a	combination	n with any seco	ndary trans	mission	
	service for a single fee. There are	•			•		• • • •		
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually D	lieu. Il ally la	les ale cha	inged on a varia	nie hei-hio	graffi basis,	
ransmissions:	Block 1: Give the standard rate		ne cable :	system for ea	ch of the a	pplicable servic	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				shed. List t	hese other serv	ices in the	form of a	
	blier (two- or three-word) descrip			e for each.			1		
		BLO	-					BLOCK 2	
	CATEGORY OF SERVICE	RATE		DRY OF SER		RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:     Pay cable	90.00		ion: Non-res I, hotel	laentiai		Sports	& Entortain	13.9
		90.00		mercial			Cinema	& Entertain.	11.9
	Pay cable—add'l channel     Fire protection						HBO		17.9
	Fire protection     Purglar protection		• Pay		annal			me & TMC	17.8
	•Burglar protection Installation: Residential		-	cable-add'l ch	annen		Showth Starz! E		10.8
		00.00		protection			NFL Re		
	• Firet cot	99.00	-	lar protection			INFL Re	uzone	49.9
	First set     Additional set(s)	420.00		mulcoc:					
	<ul> <li>Additional set(s)</li> </ul>	130.00		ervices:		20.00			
	• Additional set(s) • FM radio (if separate rate)	130.00	• Reco	onnect		30.00			
	<ul> <li>Additional set(s)</li> </ul>	130.00	• Reco • Disc	onnect onnect					
	• Additional set(s) • FM radio (if separate rate)	130.00	• Reco • Disc • Outle	onnect		30.00 130.00 99.00			

ng Period:	-			FORM SA1-2E. PAG
ame		OF CABLE SYSTEM:		SYSTEM I
	NEX-TECH LLC			114
G mary mitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, i <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, V <b>Column 3:</b> Indicate in eace educational station, by ent (for independent multicast For the meaning of these t <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the	(1) stations carried only on a part- e carriage of certain network prog (e)(2) and (4))]; and (2) certain sta rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruct ogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting ove station, an independent station, or or network multicast), "I" (for indep r "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream or the air in its community a noncommercial bendent), "I-M" tional multicast). n 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	Ν	HAYS, KS
	KOOD	9	Е	HAYS, KS
	KGIN	11	N	GRAND ISLAND, NE
	KHGI	13	N	KEARNEY, NE
	KFXL	14	N	LINCOLN, NE
	KSNB-DT2	15	I	LINCOLN, NE
	ксwн	16	I	LINCOLN, NE
	кѕсѡ	23	I	WICHITA, KS
	KSAS	24	N	WICHITA, KS
	KWCH-DT2	110	N-M	WICHITA, KS
	KOOD-DT3	183	E-M	HAYS, KS
	KMTW-DT3	186	I-M	WICHITA, KS
	KMTW-DT4	187	I-M	WICHITA, KS
		400	E-M	
	KOOD-DT2	189		HAYS, KS
	KOOD-DT2 KGIN-DT5	189 191	N-M	GRAND ISLAND, NE

Accounting F								FORM	/ SA1-2E. PAGE 4.
LEGAL NAME OF		CABLE SY	STEM:						SYSTEM ID#
									11497
	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 infi paper SA1-2 fo Column 1: Id Column 2: S Column 3: If 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 static 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 or each station carried. n is AM or FM. nal was electronically proces (mark in the "S/D" column. on (the community to which the community with which th	at es ntl	the system's he system's FM anto his point, see pa ed by the cable s e station is licen	eadend, and (2 enna, during c ige (v) of the g system as a se ised by the FC	?) it can ertain st eneral in eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	T	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0			UALL UIGH	AWOTTW	0,0		
KQMA KREP	FM FM		PHILLIPSBURG, KS BELLEVILLE, KS						
KKDT	FM		BURDETT, KS						
				_					
				_					
				]					
				-					
				1					

Accounting Perio	d: 2023/1					FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				SYSTEM ID#
Name	NEX-TECH LLC						11497
	SUBSTITUTE CARRIAGE						
∎ Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or authorizations.	. For a further
Carriage:	1. SPECIAL STATEMENT				-		
Special	<ul> <li>During the accounting period</li> </ul>	riod. did vou	ir cable system	carry. on a substitute bas	sis. anv nonne	etwork television progra	am
Statement and	broadcast by a distant stat					YES	XNO
Program Log	,				«», / "		
	<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	lust complete the progr	am
	2. LOG OF SUBSTITUTE						
	In General: List each subs				wherever po	ssible, if their meaning	is
	clear. If you need more spa			rows to the tables. ision program ("substitute	program") th	at during the accounting	na
	period, was broadcast by a	distant stat	ion and that vo	our cable system substitute	ed for the pro	aramming of another st	tation
	under certain FCC rules, re	egulations, o	or authorization	s. See page (v) of the ger	neral instruction	ons for further informat	ion.
	Do not use general catego		vies" or "baske	etball." List specific progra	m titles, for ex	xample, "I Love Lucy" o	or
	"NBA Basketball: 76ers vs.		depet live ente	r "Vaa " Othanuiga antar "	No."		
				r "Yes." Otherwise enter " asting the substitute progr			
	Column 4: Give the broa	adcast statio	on's location (th	ne community to which the	e station is lice		n
	the case of Mexican or Car						
	first. Example: for May 7 gi		when your sys	tem carried the substitute	program. Use	e numerals, with the m	onth
	Column 6: State the tim	es when the	e substitute pro	gram was carried by your	cable system	. List the times accurat	telv
	to the nearest five minutes	. Example: a	a program carri	ed by a system from 6:01	:15 p.m. to 6:	28:30 p.m. should be	,
	stated as "6:00–6:30 p.m."						
				was substituted for progr			
	to delete under FCC rules was substituted for prograr						gram
	effect on October 19, 1976		,				
					11		1
						N SUBSTITUTE	
			E PROGRAM			AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM — TO	-
		]					
							+
							+
							+

Accounting Period:	2023/1	FORM SA1	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	SYS	STEM ID# 11497
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 transr         (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.	nission service amount, see	286.72 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 the	is six-month	
	accounting period is \$52.00 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		I

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE NEX-TECH LLC	R OF CABLE SYSTEM:				SYSTEM ID# 11497
M Channels	to its subscribers, an 1. Enter the total nun system carried tele 2. Enter the total nun on which the cable	d (2) the cable system's nber of channels on whi evision broadcast statio nber of activated chann e system carried televisi	s total number of act ich the cable ins iels ion broadcast statior	ivated channels during the		18 324
N Individual to Be Contacted		CONTACTED IF FURT t this statement of acco		N IS NEEDED (Identify an	individual to whom	
for Further Information	Name <u>Sc</u>	ott Roe			Telephone	785-625-7070
		18 Vine Street nber, street, rural route, apa	rtment, or suite number)			
		<b>ys, KS 67601</b> , town, state, zip)				
	Email	sroe@nex-tec	h.com		Fax (optional	
O Certification	I, the undersigned, here     (Owner other     (Agent of or     in line     X     (Officer or     in line     · I have examined the s	reby certify that (Check o er than corporation or p wner other than corpor e 1 of space B and that th partner) I am an officer ( e 1 of space B. tatement of account and d correct to the best of m	ne, <i>but only one</i> , of the partnership) I am the ation or partnership he owner is not a corp (if a corporation) or a hereby declare under	owner of the cable system a owner of the cable system a ) I am the duly authorized age oration or partnership; or		tem as identified
			Enter an electronic Enter signature usi	onda S. Goddard signature on the line above to ng an "/s/ signature" (e.g., /s/		
		Typed or printe Title:	Chief Financ	da S. Goddard		
		Date:			08/25/2023	

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unting Period: 2023/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	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 Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessm
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	

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