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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
8/24/23	\$				
	ALLOCATION NUMBER				

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
Accounting	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20231 Barcode Data Filing Period (optional - see instructions)
Period	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
B	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
	(Number, street, rural route, apartment, or suite number)
	LENORA, KS 67645 (City, town, state, zip)
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	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 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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2023/1	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name		20977						
	NEX-TECH LLC							
	Instructions: List each separate community served by the cable system. A "commun							
D	"a separate and distinct community or municipal entity (including unincorporated or							
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known							
	as the "first community." Please use it as the first community on all future filings.							
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the						
Area Served	identified city.	p						
Served								
	CITY OR TOWN	STATE						
First	PHILLIPSBURG	KS						
Community	KIRWIN	KS						
Add Rows as Necessary								

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name NEX-TECH LLC

Ε

Accounting Period: 2023/1

Secondary Transmission Service: Subscribers and

Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	364	30.00	DELUXE	317	60.00	
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 SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 1			BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	90.00	Motel, hotel		Sports & Entertain.	13.9
 Pay cable—add'l channel 		Commercial		Cinemax	11.9
 Fire protection 		• Pay cable		НВО	17.9
Burglar protection		 Pay cable-add'l channel 		Showtime & TMC	10.9
Installation: Residential		Fire protection		Starz! Encore	12.9
• First set	99.00	Burglar protection		NFL RedZone	49.9
 Additional set(s) 	130.00	Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
 Converter 		Disconnect			
		Outlet relocation	130.00		
		Move to new address	99.00		

20977

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3. SYSTEM ID#

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

20977

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

NEX-TECH LLC

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KSNC	2	N	GREAT BEND, KS
KBSH	7	N	HAYS, KS
KOOD	9	E	HAYS, KS
KAKE	10	N	WICHITA, KS
KHGI	13	N	KEARNEY, NE
KSAS-DT2	17	N-M	WICHITA, KS
KSCW	23	I	WICHITA, KS
KSAS	24	N	WICHITA, KS
KWCH-DT2	110	N-M	WICHITA, KS
KAKE-DT2	180	N-M	WICHITA, KS
KMTW-DT2	181	I-M	WICHITA, KS
KSCW-DT3	182	I-M	WICHITA, KS
KOOD-DT3	183	E-M	HAYS, KS
KSCW-DT2	184	I-M	WICHITA, KS
KSAS-DT3	185	N-M	WICHITA, KS
KMTW-DT3	186	I-M	WICHITA, KS
KMTW-DT4	187	I-M	WICHITA, KS
KOOD-DT2	189	E-M	HAYS, KS
KSCW-DT4	190	I-M	WICHITA, KS
KWCH-DT4	192	N-M	WICHITA, KS
KMTW-DT1	193	I-M	WICHITA, KS
KWCH-DT3	194	N-M	WICHITA, KS

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2023/1	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

20977

NEX-TECH LLC

paper SA1-2 form.

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Primary Transmitters: Radio

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KQMA	FM		PHILLIPSBURG, KS				
	FM		BURDETT, KS			=======	
							·
	 						
	 						
	 						
							,
]					

Accounting Perio	nd: 2023/1						F0D	DM SA1 OF DACE
Name	LEGAL NAME OF OWNER OF NEX-TECH LLC	CABLE SYS	TEM:				FOR	8M SA1-2E. PAGE 5. SYSTEM ID# 20977
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant state	fy every norecounting point that must concer od, did you tion?	nnetwork televis eriod, under spo st be included in RNING SUBSI r cable system	sion program, broadcast ecific present and former n this log, see page (v) of FITUTE CARRIAGE carry, on a substitute b	by a <i>distant</i> st FCC rules, reg the general in	gulations, or estructions in network telev	authorizations the paper SA vision progran	s. For a further 1-2 form.
	Note: If your answer is "No' log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, report of the certain FCC rules, report of the case of Mexican or Cancolumn 3: Give the call column 4: Give the broad the case of Mexican or Cancolumn 5: Give the month of the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for programme.	E PROGRA itute progra ce, please a of every no distant stati gulations, o es like "mo Bulls." n was broad sign of the s dcast statio adian statio ath and day re "5/7." es when the Example: a	ams on a separa add additional annetwork televion and that your authorizations vies" or "basked deast live, entestation broadcat listed program carrillisted pr	te line. Use abbreviation rows to the tables. ision program ("substitutur cable system substitutes. See page (v) of the getball." List specific program "Yes." Otherwise enteresting the substitute program community to which the community with which them carried the substitute gram was carried by you ed by a system from 6:00 was substituted for program the accounting perions.	e program") to ted for the program titles, for a "No." gram. The station is identified by the program. Using the program. Using the program to a station is identified by the program to a station is identified by the program. Using the program to a station is identified by the program. Using the program to a station is identified by the program to a station is identified by the program to a station is identified by the program to a station in the program in the progra	censed by the entified). se numerals m. List the tiles:28:30 p.m. tyour syster etter "P" if the	eir meaning is he accounting of another sta her information Love Lucy" or he FCC or, in s, with the mod imes accurate should be m was require he listed progr	ed
	effect on October 19, 1976.		E PROGRAM		WI	HEN SUBS	TITUTE	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATIO				
							_	

Accounting Period:	2023/1		FORM SA	1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC		Sì	STEM ID# 20977				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation 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.	stem's secondary trans of how to compute th	smission servicis amount, see	,045.42				
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 \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.							
	BLOCK 1: GROSS RECEIPTS OF \$137,10	0 OR LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	e that you must pay for	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 (
	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 \$263,80	0 (but less than \$527	7,600)					
	1. Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula	263,800.00						
	3. Subtract line 2 from line 1							
	4. Multiply line 3 by .01	· · · · · · · · <u> </u>						
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u>\$</u>	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, a	and 6						
	FILING FEE AND TOTAL REMITTANCE DUE							
	TILING FLETTING FORTILITIES FOR							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	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 See page i of the general instructions in the paper SA1-2 fo			its!				

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2023/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF NEX-TECH L	OWNER OF CABLE SYSTEM:		SYSTEM ID# 20977
M Channels	to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the	ers, and (2) the cable system's tal number of channels on whice television broadcast stations tal number of activated channels cable system carried television	s	period. 22
N Individual to Be Contacted		TO BE CONTACTED IF FURTION of accounts the statement of accounts about this statement of accounts accounts accounts and the statement of accounts account accounts accounts accounts accounts accounts accounts accounts account accounts accounts accounts account accounts account accounts account accounts accounts account accounts account accounts account accounts accounts account accounts accounts account accounts accounts account accounts account accounts account accounts account account accounts account account account account account accounts account	HER INFORMATION IS NEEDED (Identify an individual to unt.)	whom
for Further Information	Name	Scott Roe		Telephone 785-625-7070
	Address 	2418 Vine Street (Number, street, rural route, apar Hays, KS 67601 (City, town, state, zip)	tment, or suite number)	
	Email	sroe@nex-tecl	n.com Fax (op	tional)
O Certification	I, the undersig (Own (Age i X (Off i I have examine are true, comple	ned, hereby certify that (Check of the other than corporation or part of owner other than corporation in line 1 of space B and that the of the line 1 of space B. The other than corporation of the line 1 of space B. The other than corporation of account and the other than the line 1 of space B.	nust be certified and signed in accordance with Copyright one, but only one, of the boxes.) partnership) I am the owner of the cable system as identified ation or partnership) I am the duly authorized agent of the owner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity hereby declare under penalty of law that all statements of factor knowledge, information, and belief, and are made in good fail	in line 1 of space B; or vner of the cable system as identified ty identified as owner of the cable system c contained herein
		Typed or printe		
		Title: (Title of Date:	Chief Financial Officer official position held in corporation or partnership) 08/2	5/2023

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.

U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

ounting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
X-TECH LLC	20977
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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 Mailing Address 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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 (interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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