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

OFFICE USE ONLY	Return completed workbook by email to:
AMOUNT	<u>coplicsoa@loc.gov</u>
\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
	\$

Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2023/1 20231 Barcode Data Filing Period (optional - see instructions) Accounting 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 Β 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. 31078 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) **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 **IDENTIFICATION OF CABLE SYSTEM:** 1 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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b
Name	NEX-TECH LLC	31078
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fili	ommunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, it you list will serve as a form of system identification hereafter know
_	Note: Entities and properties such as hotels, apartments, condominiums, or n	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	NORCATUR	KS
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM I
Name	NEX-TECH LLC								310
Е	SECONDARY TRANSMISSION								
<b>L</b>	<b>In General:</b> The information in s system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both						-		
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular serv							charged	
	<b>Rate:</b> Give the standard rate c							e 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. <b>Note</b> categories, that person or entity								
	subscriber who pays extra for ca					• • •			
	first set" and would be counted c								
	Block 2: If your cable system I	-		•					
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-n	and block. A th	vo- or three	e-wora descripti	on of the s	ervice is	
		DCK 1					BLOCK	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		20	30.00	DELUX	E		12	60.
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	5				
F	In General: Space F calls for rat	•	,		•				
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0 /	
ransmissions:	Block 1: Give the standard rat								
Rates	<b>Block 2:</b> List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip	• •			SHEU. LISI	linese oliner serv		e ionn or a	
							T		
		BLO RATE		ORY OF SER		RATE		BLOCK 2 ORY OF SERVICE	RAT
						RAIE	CATEG	JRT OF SERVICE	RAI
	CATEGORY OF SERVICE	RATE	unstalla	ation' Non-res	idential				
	Continuing Services:			ation: Non-res	idential		Sports	& Entertain	13
	Continuing Services: • Pay cable	90.00	• Mo	tel, hotel	idential			& Entertain.	13.
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Mot • Cor	tel, hotel nmercial	idential		Cinema		11.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Mot • Cor • Pay	tel, hotel mmercial / cable			Cinema HBO	3X	11. 17.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		• Mot • Cor • Pay • Pay	tel, hotel mmercial / cable / cable-add'l cł			Cinema HBO Showti	ax me & TMC	11. 17. 10.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	90.00	• Mot • Cor • Pay • Pay • Fire	tel, hotel mmercial / cable / cable-add'l cl e protection	nannel		Cinema HBO Showti Starz! E	me & TMC Encore	11. 17. 10. 12.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	90.00	• Mot • Cor • Pay • Pay • Fire • Bur	tel, hotel mmercial / cable / cable-add'l cl e protection glar protection	nannel		Cinema HBO Showti	me & TMC Encore	11. 17. 10.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	90.00	• Moi • Cor • Pay • Pay • Fire • Bur <b>Other</b> \$	tel, hotel mmercial / cable / cable-add'l cl e protection glar protection services:	nannel		Cinema HBO Showti Starz! E	me & TMC Encore	11. 17. 10. 12.
	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)	90.00	• Moi • Cor • Pay • Pay • Fire • Bur <b>Other</b> \$ • Rec	tel, hotel mmercial / cable / cable-add'l cl / connect	nannel	30.00	Cinema HBO Showti Starz! E	me & TMC Encore	11 17 10 12
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	90.00	• Moi • Cor • Pay • Pay • Fire • Bur <b>Other s</b> • Rec • Dis	tel, hotel mmercial / cable / cable-add'l cl e protection glar protection services: connect connect	nannel		Cinema HBO Showti Starz! E	me & TMC Encore	11 17 10 12
	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)	90.00	• Moi • Cor • Pay • Pire • Bur • Bur • Bur • Rec • Dis • Out	tel, hotel mmercial / cable / cable-add'l cl / connect	nannel	30.00 130.00 99.00	Cinema HBO Showti Starz! E	me & TMC Encore	11 17 10 12

				FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID
	NEX-TECH LLC			3107
G Primary nsmitters: elevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC rule. Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. : With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-t the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a su the Special Statement and Program of both on a substitute basis and als , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep por "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections itions carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community the air in its community a noncommercial endent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNC	2. B CAST CHANNEL NOMBER	N	GREAT BEND, KS
	NONC	L	N	
			N	
	KLBY	4	N	WICHITA, KS
; as Necessary	KBSH	7	N	WICHITA, KS HAYS, KS
s Necessary	KBSH KSNK	7 8	N N	WICHITA, KS HAYS, KS McCOOK, NE
as Necessary	KBSH KSNK KOOD	7 8 9	N N E	WICHITA, KS HAYS, KS McCOOK, NE HAYS, KS
as Necessary	KBSH KSNK KOOD KAKE	7 8 9 10	N N E N	WICHITA, KS HAYS, KS McCOOK, NE HAYS, KS WICHITA, KS
as Necessary	KBSH KSNK KOOD KAKE KSAS-DT2	7 8 9 10 17	N N E	WICHITA, KS HAYS, KS McCOOK, NE HAYS, KS WICHITA, KS WICHITA, KS
as Necessary	KBSH KSNK KOOD KAKE KSAS-DT2 KSCW	7 8 9 10 17 23	N N E N N-M I	WICHITA, KS HAYS, KS McCOOK, NE HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS
s Necessary	KBSH KSNK KOOD KAKE KSAS-DT2 KSCW KSAS	7 8 9 10 17 23 24	N N E N N-M I N	WICHITA, KS HAYS, KS McCOOK, NE HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
as Necessary	KBSH KSNK KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2	7 8 9 10 17 23 24 110	N N E N N-M I N N-M	WICHITA, KS HAYS, KS McCOOK, NE HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
as Necessary	KBSH KSNK KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2	7 8 9 10 17 23 24 110 180	N N E N N-M I N-M N-M N-M	WICHITA, KS HAYS, KS McCOOK, NE HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
as Necessary	KBSH KSNK KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2	7 8 9 10 17 23 24 110 180 181	N N E N N-M I N-M N-M I-M	WICHITA, KS HAYS, KS McCOOK, NE HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
as Necessary	KBSH KSNK KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3	7 8 9 10 17 23 24 110 180 181 182	N N E N N-M I N-M N-M I-M I-M	WICHITA, KS HAYS, KS McCOOK, NE HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
as Necessary	KBSH KSNK KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3	7 8 9 10 17 23 24 110 180 181 182 183	N N E N N-M I N-M I-M I-M I-M E-M	WICHITA, KS HAYS, KS McCOOK, NE HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
as Necessary	KBSH KSNK KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2	7 8 9 10 17 23 24 110 180 181 182 183 184	N N E N N-M i N-M i-M i-M i-M i-M i-M	WICHITA, KS HAYS, KS McCOOK, NE HAYS, KS WICHITA, KS
s as Necessary	KBSH KSNK KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3	7 8 9 10 10 17 23 24 110 180 181 182 183 184 185	N N E N N-M i N-M i.M i.M i.M i.M i.M i.M	WICHITA, KS HAYS, KS McCOOK, NE HAYS, KS WICHITA, KS
s as Necessary	KBSH KSNK KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT2	7         8         9         10         17         23         24         110         180         181         182         183         184         185         186	N N E N N-M i N-M i.M i.M i.M i.M i.M	WICHITA, KS HAYS, KS McCOOK, NE HAYS, KS WICHITA, KS
s as Necessary	KBSH KSNK KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT2 KSAS-DT3 KMTW-DT4	7         8         9         10         17         23         24         110         180         181         182         183         184         185         186         187	N N E N N-M I N-M I-M I-M I-M I-M I-M I-M I-M	WICHITA, KS HAYS, KS McCOOK, NE HAYS, KS WICHITA, KS
as Necessary	KBSH KSNK KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT4 KOOD-DT2	7         8         9         10         17         23         24         110         180         181         182         183         184         185         186         187         189	N N E N N-M I N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	WICHITA, KS HAYS, KS McCOOK, NE HAYS, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS
s as Necessary	KBSH KSNK KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT4 KOOD-DT2 KSCW-DT4	7         8         9         10         17         23         24         110         180         181         182         183         184         185         186         187         189         190	N N E N N-M I N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	WICHITA, KSHAYS, KSMcCOOK, NEHAYS, KSWICHITA, KS
vs as Necessary	KBSH KSNK KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT4 KOOD-DT2	7         8         9         10         17         23         24         110         180         181         182         183         184         185         186         187         189	N N E N N-M I N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	WICHITA, KS HAYS, KS McCOOK, NE HAYS, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS

Accounting F			YSTEM:					SYSTEM II
NEX-TECH	LLC							310
n General: Lis	-	tation ca	arried on a separate and disc nerally receivable by your ca					Н
Special Instru	ctions Concer	ning Al	I-Band FM Carriage: Under	Copyright Office	regulations, ar	n FM sig	nal is generally	Primary
on the basis of	monitoring, to	be rece	stem whenever it is received ived at the headend, with the opyright Office regulations or	e system's FM an	tenna, during o	certain s	tated intervals.	Transmitters Radio
	dentify the call	-	each station carried.			-		
			on is AM or FM. nal was electronically proces	sed by the cable	system as a s	eparate	and discrete	
			k mark in the "S/D" column. ion (the community to which	the station is lies	need by the EC	C or in	the energy of	
			the community with which th			or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KQY	FM		HILL CITY, KS					
KDT	FM		BURDETT, KS					
							·	
							·	
							·	

Accounting Perio	od: 2023/1					FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	NEX-TECH LLC						31078
	SUBSTITUTE CARRIAGE				2		
	In General: In space I, identi substitute basis during the a	•					
Substitute	explanation of the programm	• •	•	•			
Carriage:	1. SPECIAL STATEMENT	Ŭ.			- g		
Special	During the accounting peri				s any nonne	twork television program	n
Statement and	0		r cable system	carry, on a substitute bas	is, any nonne		
Program Log	broadcast by a distant stat	lion?				YES	× NO
	Note: If your answer is "No"	, leave the	rest of this pag	je blank. If your answer is '	'Yes," you mι	ist complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst				wherever pos	sible, if their meaning is	6
	clear. If you need more spa			rows to the tables. ision program ("substitute	program") the	t during the accounting	N
	period, was broadcast by a						
	under certain FCC rules, reg						
	Do not use general categori		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love Lucy" or	
	"NBA Basketball: 76ers vs.			<i>"</i>			
				r "Yes." Otherwise enter "N asting the substitute progra			
		•		ne community to which the		nsed by the FCC or. in	
	the case of Mexican or Can		•	•			
			when your sys	tem carried the substitute	program. Use	numerals, with the mo	nth
	first. Example: for May 7 giv						
	to the nearest five minutes.			gram was carried by your			ely
	stated as "6:00–6:30 p.m."	Example. a	i program cam	ed by a system nom 0.01.	15 p.m. to 0.2	o.so p.m. should be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was <i>require</i>	ed
	to delete under FCC rules a	nd regulation	ons in effect du	iring the accounting period	; enter the let	ter "P" if the listed prog	
	was substituted for program	iming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
							"" <b>-</b>
					•		
						_	
						_	
						—	

Accounting Period:	2023/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	SYSTEM ID# 31078
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. 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 th page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	smission service
	during the accounting period.       IMPORTANT: You must complete a statement in space P concerning gross receipts.	\$ 3,758.86 (Amount of gross receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to</li> <li>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.</li> </ul>	o \$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	
	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	
	<ul> <li>4. Enter the amount of gross receipts from space K</li></ul>	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	7,600)
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00

	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ gister of Copyrig'	67.00 hts!
	See page i of the general instructions in the paper SA1-2 form for more inform		

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF NEX-TECH LI	OWNER OF CABLE SYSTEM:			SYSTEM ID 31078
M Channels	to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the	You must give (1) the number of channels of ers, and (2) the cable system's total number tal number of channels on which the cable ed television broadcast stations tal number of activated channels cable system carried television broadcast st dcast services	of activated channels during the a	ccounting period.	23 326
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORM	ATION IS NEEDED (Identify an ind	dividual to whom	
for Further Information	Name	Scott Roe		Telephone 785-6	25-7070
	Address	<b>2418 Vine Street</b> (Number, street, rural route, apartment, or suite nu	umber)		
		Hays, KS 67601 (City, town, state, zip)			
	Email	sroe@nex-tech.com		Fax (optional)	
	CERTIFICATIO	<b>N</b> (This statement of account must be certifie	ed and signed in accordance with (	Copyright Office regulations)	
O Certification	• I, the undersig	ned, hereby certify that (Check one, <i>but only on</i>	e, of the boxes.)		
	(Owi	ner other than corporation or partnership)   a	am the owner of the cable system as	s identified in line 1 of space B; or	
		<b>nt of owner other than corporation or partne</b> n line 1 of space B and that the owner is not a c	• • • •	nt of the owner of the cable system as	identified
		<b>icer or partner)</b> I am an officer (if a corporatior n line 1 of space B.	n) or a partner (if a partnership) of the	e legal entity identified as owner of the	cable system
	are true, comple	ed the statement of account and hereby declare ete, and correct to the best of my knowledge, in tion 1001(1986)]			
	1	<b>_</b> X /s	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 i	name: Rhonda S. Goddard
	Chief Financial Officer cial position 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.

unting Period: 2023/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEN
-TECH LLC	310
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 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?	
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. 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
	-
	-
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 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         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
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         \$         -         (interest charge)         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.         For further assistance please	_
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         \$         -         (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.	
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	
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       \$	
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