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				
07/19/2023	\$ ALLOCATION NUMBER				

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
	Barcode Data Filing Period (optional - see instructions)								
Accounting 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.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	Back 2 Roots, LLC								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	1140 10th Street (Number, street, rural route, apartment, or suite numbe								
	Gering, NE, 69341 (City, town, state, zip)								
С	<b>TRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these nes already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space								
System	IDENTIFICATION OF CABLE SYSTEM:								
	USA Connections  MAILING ADDRESS OF CABLE SYSTEM:								
	117 W Harvey Ave								
	Wellington, KS 67152 (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 sufficiency of the filing, a determination that would be made by a court of law.

Accounting Perio	d: 2023/1	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Back 2 Roots, LLC	4078
D Area Served	Instructions: List each separate community served by the cable system. A "community "a separate and distinct community or municipal entity (including unincorporated comdiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list was the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile holidentified city.	nmunities within unincorporated areas and including single, will serve as a form of system identification hereafter known
	CITY OR TOWN	STATE

ĺ	CITY OR TOWN	STATE			
First	Wellington	KS			
Community					
Add Rows as Necessary					

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Back 2 Roots. LLC

4078

## E

#### 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 cabl system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give informatio about other services (including pay cable) in space F, not here. All the facts you state must be those existing on th 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, broker down by categories of secondary transmission service. In general, you can compute the number of subscribers i each category by counting the number of billings in that category (the number of persons or organizations charge 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 th unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rat category, but do not include discounts allowed for advance paymen

**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 categor that applies to your system. **Note:** Where an individual or organization is receiving service that falls under differen categories, that person or entity should be counted as a subscriber in each applicable category. Example: a resident 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, togethewith 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			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	763	\$33.00			
<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					
	1	T		T	1

# 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 wernot covered in space E, that is, those services that are not offered in combination with any secondary transmissio service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) service 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 lister

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 brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	\$66	Motel, hotel	40.00	Digital Basic	20.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		<ul> <li>Fire protection</li> </ul>			
<ul> <li>First set</li> </ul>	40.00	<ul> <li>Burglar protection</li> </ul>			
<ul><li>Additional set(s)</li></ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	50.00		
Converter		Disconnect			
		<ul> <li>Outlet relocation</li> </ul>			
		<ul> <li>Move to new address</li> </ul>			

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 4078 Back 2 Roots, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis unde FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section **Primary** 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 Transmitters: 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 prograr Television 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 th 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 oth basis. For further information concerning substitute basis stations, see page (v) of the general instruction Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify eacl multicast stream associated with a station according to its over-the-air designation. For example, report multistrea "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 communi 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 noncommerci educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-I" (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 forn 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 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KSNW** 3 N-M Wichita, KS **KPTS** 8 Hutchinson, KS E-M N-M **KAKA** 10 Wichita, KS Add Rows as Necessary **KWCH** 12 Ν Hutchinson, KS **KSAS** 24 Wichita, KS ı **KMTW** 36 I-M Hutchinson, KS **KSCW** 33 I-M Wichita, KS

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Back 2 Roots, LLC 4078

#### 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

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. paper SA1-2 form.

Primary Transmitters: Radio

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
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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	Back 2 Roots, LLC							4078
I	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac	fy every non ecounting pe	network televisi eriod, under spe	ion program, broadcast by cific present and former F	<i>a distant</i> stati CC rules, regu	lations, or a	uthorizations.	For a further
Substitute Carriage:	explanation of the programm				ne generai inst	ructions in ti	ne paper SA1-	-2 form.
Special	<ol> <li>SPECIAL STATEMENT</li> <li>During the accounting period</li> </ol>				c any nonnot	work tolovic	ion program	
Statement and	broadcast by a distant stat	-	cable system (	Sarry, Orr a Substitute basi	s, any nomie	WOIK LEIEVIS		V
Program Log	-						YES	X NO
	Note: If your answer is "No,"	st complete	the program					
	log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning clear. If you need more space, please add additional rows to the table Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the account period, was broadcast by a distant station and that your cable system substituted for the programming of another sta under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informati Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "Nk Column 3: Give the call sign of the station broadcasting the substitute prograr Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or the case of Mexican or Canadian stations, if any, the community with which the station is identifie Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the mo first. Example: for May 7 give "5/7.  Column 6: State the times when the substitute program was carried by your cable system. List the times accurat to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system warequired to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed programs substituted for programming that your system warequired to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed programs substituted for PCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed programs su							
	,				WH	EN SUBST	TTUTE	
	S	UBSTITUT	E PROGRAM		55.5			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	6. FROM	TIMES  — TO	DELETION
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Accounting Period:	2023/1	FORM SA	11-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Back 2 Roots, LLC	S	STEM ID# 4078
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this are 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	ssion servic mount, se	,332.00 ss receipts)
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 \$20 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	53,80	
	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 tr accounting period is \$52.00.	is six-month	
	Line 1. Royalty fee for accounting period		
	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 \$137,10	0)	
	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	52,332.00	
	5. Enter the amount from line 3	11,468.00	
	6. Subtract line 5 from line 4	10,864.00	
	7. Multiply line 6 by .005 (enter figure here)	\$	204.32
	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	\$	204.32
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	00)	
	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	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	204.32	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	224.32
	EFT Trace # or TRANSACTION ID # 76460284261		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

U.S. Copyright Office

Accounting Period: 2	2023/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Back 2 Roots, LLC	SYSTEM ID# 4078
<b>M</b> Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stati to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.	ons 22
	Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services.	83
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	200 400 4050
for Further Information	Address  Milliam D. Bauer  Telep  Address  1140 10 <sup>th</sup> Street  (Number, street, rural route, apartment, or suite number)	ohone 308-436-4650
	Gering, NE, 69341  (City, town, state, zip)  Email bill@intertech.net Fax (optional) 308-4	36-4779
	Lindi Silginoto	N-1/15
2	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulation	ons)
O Certification	• I, the undersigned, hereby certify that (Check one but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of sp	pace B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cin line 1 of space B and that the owner is not a corporation or partnership; or	able system as identifie
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified a in line 1 of space B.	s owner of the cable syster
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained have true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]	nerein
	X /s/ William D. Bauer	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: William D. Bauer	
	Title: President and CEO  (Title of official position held in corporation or partnership)	
	Date: <b>7-18-2023</b>	

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Accounting Period: 2023/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Back 2 Roots, LLC	4078
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 fo 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissior 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 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	_
* 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@copyright.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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