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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

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	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 D	ata Filing Period (optional - se	e instructions)	
Period					
В		Instructions: Give the full legal name of the owner of the cable syst the subsidiary, not that of the parent corporation.	em. If the owner is a subsidiary	of another corporation, give the full corpo	orate title of
Owner		List any other name or names under which the owner	conducts the business of the ca	ble system.	
		If there were different owners during the accounting pattern of account and royalty fee payment covering the statement of account and royalty fee payment covering the statement of account and royalty fee payment covering the statement of account and royalty fee payment covering the statement of account and royalty fee payment covering the statement of account and royalty fee payment covering the statement of account and royalty fee payment covering the statement of account and royalty fee payment covering the statement of account and royalty fee payment covering the statement of account and royalty fee payment covering the statement of account and royalty fee payment covering the statement of account account and royalty fee payment covering the statement of account accoun		st day of the accounting period should sub	mit a single
		Check here if this is the system's first filing. If not, ent		ned by the Licensing Division.	61519
		-			
		LEGAL NAME OF OWNER/MAILING ADDRES	S OF CABLE SYSTEM		
		NEX-TECH LLC			
		BUSINESS NAME(S) OF OWNER OF CABLE S	STEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF CABLE SY	STEM		
		145 N MAIN (Number, street, rural route, apartment, or suite number)			
		LENORA, KS 67645			
		(City, town, state, zip)			
С		RUCTIONS: In line 1, give any business or tra s already appear in space B. In line 2, give th		•	5
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE STSTEM.			
	2	(Number, street, rural route, apartment, or suite number)			
		(City, town, state, zip code)			
	-				
Privacy Act Notic	e: Section	n 111 of title 17 of the United States Code authorizes the	Copyright Offce to collect the per	sonally identifying information (PII) requested	ed on this
-		Ir statement of account. PII is any personal information that			

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8/24/23

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 filing, a determination that would be made by a court of law.

Accounting Period:	2023/1	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	SYSTEM ID# 61519
D	Instructions: List each separate community served by the cable system. A "com separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v	nmunity" is the same as a "community unit" as defined in FCC rules: "a I communities within unincorporated areas and including single, discrete
Area Served	community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mo city.	obile home parks should be reported in parentheses below the identified
First Community	CITY OR TOWN ALMENA NORTON	STATE KS KS
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	BI F SYSTEM					FORM SA1-	
Name	NEX-TECH LLC							615 [,]
E Secondary Transmission	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period	pace E should on of television ay cable) in sp (June 30 or De	cover all cate and radio bro ace F, not her ecember 31, a	gories of second adcasts by your e. All the facts y is the case may	system to subscrib you state must be th v be).	ers. Give inforr lose existing or	nation 1 the	
Service: Sub- scribers and Rates	Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular serv Rate: Give the standard rate c 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 cat first set" and would be counted of Block 2: If your cable system I printed in block 1 (for example, ti	transmission a umber of billing ce at the rate i harged for eacl (Example: "\$2 ounts allowed f in space E, the to their subsci Where an ind should be cour ble service to a nce again unden as rate catego	service. In get s in that categ ndicated—not n category of 0/mth"). Sum or advance p e form lists the ribers. Give th dividual or org ted as a subs additional sets er "Service to vries for secor	neral, you can c ory (the number the number of service. Include marize any stan ayment. categories of s e number of su anization is reco criber in each a would be includ additional set(s dary transmissi	compute the number of persons or orga sets receiving servic both the amount of dard rate variations secondary transmiss bscribers and rate for eiving service that fa applicable category. ded in the count und)."	of subscribers nizations charge ce). the charge and within a particu- sion service tha or each listed c alls under differ Example: a ress ler "Service to different from th	in ged d the ular rate it cable ategory ent sidential the	
	with the number of subscribers a sufficient.							
	BLO	DCK 1				BLOCK 2	NO. 05	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		ATE C	ATEGORY OF SEF	RVICE S	NO. OF UBSCRIBERS	RAT
	Residential:					-		
	 Service to first set 		528	30.00 DEL	UXE		434	60.
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial Converter							
	Residential							
	Non-residential			•••••••				
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib nose services t e two exception or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) informatio hat are not of ns: you do not ished to nons usually billed. ne cable syste tem furnished e was made o	n with respect to fered in combina need to give ra ubscribers. Ratu If any rates are m for each of th or offered durin or established. L	ation with any secon ate information conce e information should charged on a varial ne applicable service ng the accounting pe	ndary transmiss erning (1) servi d include both t ble per-prograr es listed. eriod that were	sion ices he n basis, not	
		BLO					BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		OF SERVICE Non-residentia	RATE	CATEGORY	OF SERVICE	RAT
	Pay cable	90.00	• Motel, ho		ai	Sports & E	ntertain	13.
	Pay cable—add'l channel	00.00	Commerce			Cinemax		11.
	Fire protection		Pay cable			НВО		17.
	•Burglar protection			- e-add'l channel		Showtime	& TMC	10.
	Installation: Residential		• Fire prote			Starz! Enc		12.
	• First set	99.00	• Burglar p	rotection		NFL RedZ	one	49.
		·····	Other servic	001				
	 Additional set(s) 	130.00	Other servic	65.				
	• Additional set(s) • FM radio (if separate rate)	130.00	• Reconne		30.00			
	()	130.00		ct	30.00			
	• FM radio (if separate rate)	130.00	Reconne	ct ct	30.00 130.00			

ounting Period: 2	-			FORM SA1-2E. F
Name		F CABLE SYSTEM:		SYSTE 6
	NEX-TECH LLC			0
G	In General: In space G, ide carried by your cable syste	retevision entify every television station (including t or during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the	(1) stations carried only on a part-t	time basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her	e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. With respect to any distant stations car ules, regulations, or authorizations: re in space G—but do list it in space I (th	(e)(2) and (4))]; and (2) certain sta rried by your cable system on a su	tions carried on a bstitute program
	basis. For further information Column 1: List each station multicast stream associate "WETA-2" as the same on	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	see page (v) of the general instruc rogram services such as HBO, ESI -air designation. For example, rep	tions. PN, etc. Identify each ort multistream
	Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	VRC is channel 4 in Washington, D.C. In case whether the station is a network s ering the letter "N" (for network), "N-M" (for n, "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list for adian stations, if any, give the name of the	or network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the statior	endent), "I-M" ional 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	Е	LEXINGTON, NE
Rows as Necessary	KLBY	4	Ν	COLBY, KS
	КВЅН	7	Ν	HAYS, KS
	KSNK	8	N	McCOOK, NE
	KOOD	9	Е	HAYS, KS
	KAKE	10	N	WICHITA, KS
	KGIN	11	N	GRAND ISLAND, NE
	KHGI	13	N	KEARNEY, NE
	KSAS-DT2	17	N-M	·····
	KSCW	23		WICHITA, KS WICHITA, KS
	KSCW KSAS	23	I	WICHITA, KS
	KSAS	24	l N	WICHITA, KS WICHITA, KS
	KSAS KWCH-DT2	24 110	I N N-M	WICHITA, KS WICHITA, KS WICHITA, KS
	KSAS KWCH-DT2 KAKE-DT2	24 110 180	I N N-M N-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2	24 110 180 181	I N N-M N-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3	24 110 180 181 182	I N N-M N-M I-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3	24 110 180 181 182 183	I N N-M N-M I-M I-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS
	KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2	24 110 180 181 182 183 183 184	I N N-M I-M I-M E-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS
	KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3	24 110 180 181 182 183 183 184 185	I N N-M I-M I-M E-M I-M N-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS
	KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3	24 110 180 181 182 183 183 184 185 186	I N N-M I-M I-M E-M I-M N-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3	24 110 180 181 182 182 183 184 184 185 186 186 187	I N N-M N-M I-M I-M I-M I-M I-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2	24 110 180 181 182 183 184 185 186 187 189	I N-M N-M I-M I-M E-M I-M I-M I-M I-M I-M I-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS
	KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2 KSCW-DT4	24 110 180 181 182 183 183 184 185 186 186 187 189 190	I N N-M N-M I-M I-M I-M I-M I-M I-M I-M I-M	WICHITA, KS WICHITA, KS
	KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2	24 110 180 181 182 183 184 185 186 187 189	I N-M N-M I-M I-M E-M I-M I-M I-M I-M I-M I-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS

Accounting F								FORM	I SA1-2E. PAGE 4
LEGAL NAME OI NEX-TECH I		ABLE SY	SIEM:						SYSTEM ID# 61519
PRIMARY TRA									
n General: Lis	t every radio s	tation ca	arried on a separate and disc nerally receivable by your ca						н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C) it is carried by monitoring, to formation about orm. dentify the call State whether t f the radio stati this by placing Give the statior	y the sys be receint the Consign of e he station ion's sign a check n's location	I-Band FM Carriage: Under tem whenever it is received ved at the headend, with the pyright Office regulations on each station carried. In 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 sse the	the system's he ystem's FM anten his point, see particular ed by the cable s e station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral in eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	1	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KQNK	FM		NORTON, KS		CALL SIGN	AMOTIN	5/0		
KDT	FM		BURDETT, KS						
				-					
		·							
				-					
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Accounting Perio	d: 2023/1					FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	NEX-TECH LLC						61519
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEMEN	T AND PROGRAM LOO	3		
Substitute	In General: In space I, iden substitute basis during the a explanation of the programm	tify every non	network televis eriod, under spe	<i>ion program,</i> broadcast by cific present and former F	v a <i>distant</i> stat CC rules, regu	lations, or authorizations.	For a further
Carriage:	1. SPECIAL STATEMEN				ie general me		
Special	During the accounting pe				usis, anv nonr	network television progra	m
Statement and	broadcast by a distant sta					YES	XNO
Program Log	-				<i>" "</i>		
	Note: If your answer is "No log in block 2.	o", leave the	rest of this pag	ge blank. If your answer is	s "Yes,″ you r	nust complete the progra	am
	2. LOG OF SUBSTITUTI In General: List each subsclear. If you need more sp. Column 1: Give the title period, was broadcast by a under certain FCC rules, m Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	stitute progra ace, please a of every no distant stat egulations, o ries like "mo . Bulls." m was broad sign of the s adcast statio nadian statio nth and day ve "5/7." les when the . Example: a ter "R" if the and regulatio mming that y	am on a separa add additional nnetwork telev ion and that your or authorization vies" or "basked dcast live, enter station broadca on's location (til ons, if any, the when your sys e substitute pro a program carri- listed program ons in effect du	rows to the tables. rision program ("substitute pur cable system substitute is. See page (v) of the ge- etball." List specific progra- er "Yes." Otherwise enter- asting the substitute prog- he community to which the community with which the community with which the community with which the community with which the gram was carried by you led by a system from 6:07 n was substituted for prog- uring the accounting period	e program") til ted for the pro- meral instruct am titles, for e "No." ram. e station is lid e station is lid e program. Us r cable syster 1:15 p.m. to 6 ramming that bd; enter the l	hat, during the accountin ogramming of another st ions for further informati- example, "I Love Lucy" of censed by the FCC or, in entified). se numerals, with the mo- m. List the times accurat 528:30 p.m. should be t your system was <i>requir</i> letter "P" if the listed prog	ng ation on. r n onth ely <i>ed</i>
		SUBSTITUT	E PROGRAM			EN SUBSTITUTE RIAGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		DELETION
						_	
						_	
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					-		
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						-	
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Accounting Period:	2023/1	FORM S/	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	S	YSTEM ID# 61519
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 transi (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	5,921.74 ss receipts)
L 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 • 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	nis 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		ts!

Accounting Period:	2023/1						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER	OF CABLE SYSTEM:					SYSTEM ID# 61519
M Channels	to its subscribers, and (1. Enter the total number system carried televi 2. Enter the total number on which the cable sy	2) the cable system's er of channels on whi sion broadcast station er of activated channer rstem carried television	s total numl ich the cabl ons nels ion broadca	ber of activated channel	s during the a		26 332
N Individual to Be Contacted	INDIVIDUAL TO BE CO			RMATION IS NEEDED	(Identify an in	dividual to whom	
for Further Information	Name <u>Scot</u>	t Roe				Telephone	785-625-7070
	(Number	Vine Street r, street, rural route, apar , KS 67601 wn, state, zip)	rtment, or sui	te number)			
	Email	sroe@nex-tech	h.com			Fax (optional	
O Certification	I, the undersigned, hereb (Owner other t (Agent of own in line 1 X (Officer or pa	y certify that (Check or han corporation or p er other than corpora of space B and that th rtner) I am an officer (of space B. ement of account and I porrect to the best of m	partnership partnership ation or pa he owner is (if a corpora hereby decl	<i>rone</i> , of the boxes.)) I am the owner of the ca r tnership) I am the duly a not a corporation or partn tion) or a partner (if a par are under penalty of law t	able system as authorized ager ership; or tnership) of the hat all statemen		tem as identified
			Enter sigi	/s/ Rhonda S. Go electronic signature on th nature using an "/s/ signat	e line above to cure" (e.g., /s/ J		
		Typed or printed	Chief	Financial Officer			
		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:	SYSTEM
-TECH LLC	615
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 Statemen Concerning Gros
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusio
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those rovalty payments submitted as a result of a late payment or underpayment	
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
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