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.

8/24/23

DATE RECEIVED

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

## 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

AT2	TEME	E VUU	COUNT
<b>0   A</b>			

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20231 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
	NEX-TECH LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	145 N MAIN (Number, street, rural route, apartment, or suite number)
	LENORA, KS 67645 (City, town, state, zip)
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless th names already appear in space B. In line 2, give the mailing address of the system, it different from the address given in
System	1 IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	NEX-TECH LLC	62955
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporated 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 film	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or me identified city.	obile home parks should be reported in parentheses below the
First	CITY OR TOWN RUSSELL	STATE KS
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM					FORM SA1	TEM IC
Name	NEX-TECH LLC	ADEE OT OTEM.					010	629
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide	pace E should on of television vay cable) in sp I (June 30 or D n blocks in space y transmission umber of billing ice at the rate i harged for eac . (Example: "\$2 ounts allowed in space E, the	cover all categories and radio broadcas ace F, not here. All ecember 31, as the ce E call for the nur service. In general, is in that category ( indicated—not the r h category of servic 20/mth"). Summariz for advance payme e form lists the cate	of secondary tra ts by your system the facts you stat case may be). hber of subscribe you can compute the number of per umber of sets rec e. Include both the any standard ra nt. gories of seconda	n to subscribe e must be the rs to the cable the number of sons or organ ceiving service e amount of t te variations v rry transmission	rs. Give in ose existing e system, to of subscrib nizations c e). he charge within a pa on service	formation g on the proken bers in harged and the rticular rate that cable	
	that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	Where an ind should be cour ble service to a once again und has rate catego iers of services and rates, in the	dividual or organiza nted as a subscribe additional sets woul er "Service to addit pries for secondary that include one of	tion is receiving s in each applicab d be included in to onal set(s)." transmission serv more secondary	ervice that fall le category. E ne count unde ice that are di transmissions	Is under di Example: a er "Service ifferent fro s), list then n of the set	ifferent residential to the m those n, together rvice is	
	BLO	OCK 1 NO. OF				BLOCK	2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		CATEGO	RY OF SER	/ICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		596 30.0	DELUXE			474	60.
	<ul><li>Service to additional set(s)</li><li>FM radio (if separate rate)</li></ul>							
	Motel, hotel							
	Commercial Converter							
	Residential							
	Non-residential							
<b>F</b> Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur 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 brief (two- or three-word) descrip	e (not subscrib hose services t e two exceptio or facilities furm it in which it is rate column. e charged by tt your cable sys separate charg ottion and includ	eer) information with that are not offered ns: you do not need ished to nonsubsci usually billed. If an he cable system for stem furnished or of e was made or esta- le the rate for each	respect to all you in combination wi I to give rate infor ibers. Rate inform rates are charge each of the appli fered during the a ublished. List thes	th any second mation conce hation should d on a variab cable services accounting per	dary transr rning (1) s include bo le per-proo s listed. riod that w	nission ervices th the gram basis, ere not orm of a	
	CATEGORY OF SERVICE	BLO RATE	CK 1 CATEGORY OF S		RATE	CATECO	BLOCK 2 RY OF SERVICE	БУТ
	Continuing Services:	NATE	Installation: Non-			GATEGO	INT OF SERVICE	RAT
	• Pay cable	90.00	• Motel, hotel			Sports 8	Entertain.	13.
	Pay cable—add'l channel		Commercial			Cinemax	(	11.
	Fire protection		• Pay cable			HBO		17.
	•Burglar protection		• Pay cable-add	l channel			ne & TMC	10.
	Installation: Residential	00.00	Fire protection	ion		Starz! E		12. 40
	• First set	99.00 130.00	<ul> <li>Burglar protect</li> <li>Other services:</li> </ul>			NFL Rec	ZOIIE	49.
		130.00	Guier Services:					
	Additional set(s)     EM radio (if separate rate)		• Reconnect		30.00			
	• Additional set(s)     • FM radio (if separate rate)     • Converter		<ul> <li>Reconnect</li> <li>Disconnect</li> </ul>		30.00			
	• FM radio (if separate rate)		Reconnect     Disconnect     Outlet relocation	n	30.00 130.00			

	LEGAL NAME OF OWNER OF O	ABLE SYSTEM		SYSTE
Name	NEX-TECH LLC			629
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rul • 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 channe of license. For example, WF <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	Iso in space I, if the station was carried by a concerning substitute basis stations, set is call sign. <i>Do not</i> report origination p with a station according to its over-the-a	(1) stations carried only on a part-tin carriage of certain network programs (e)(2) and (4))]; and (2) certain station ied by your cable system on a substit Special Statement and Program Log both on a substitute basis and also or ee page (v) of the general instructions orogram services such as HBO, ESPN air designation. For example, report n sion station for broadcasting over the ation, an independent station, or a no or network multicast), "I" (for independ "E-M" (for noncommercial educationa tions in the paper SA1-2 form. the community to which the station is li	ne basis under s [sections is carried on a itute program i)—if the in some other is. N, etc. Identify each multistream air in its community incommercial lent), "I-M" al multicast). icensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNC	2	N	GREAT BEND, KS
		2 7	N	····
Rows as Necessary	KBSH	2 	N	HAYS, KS
Rows as Necessary	KBSH	7	N	HAYS, KS HAYS, KS
Rows as Necessary	KBSH KOOD KAKE	7 9 10	N E	HAYS, KS HAYS, KS WICHITA, KS
Rows as Necessary	KBSH KOOD KAKE KSAS-DT2	7 9 10 17	N E N	HAYS, KS HAYS, KS WICHITA, KS WICHITA, KS
Rows as Necessary	KBSH KOOD KAKE KSAS-DT2 KSCW	7 9 10 17 23	N E N N-M	HAYS, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS
Rows as Necessary	KBSH KOOD KAKE KSAS-DT2 KSCW KSAS	7 9 10 17 23 24	N E N N-M I N	HAYS, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
Rows as Necessary	KBSH KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2	7 9 10 17 23 24 110	N E N N-M I N N-M	HAYS, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
Rows as Necessary	KBSH KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2	7 9 10 17 23 24 110 180	N E N N-M I N-M N-M	HAYS, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
Rows as Necessary	KBSH KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2	7 9 10 17 23 24 110 180 181	N E N N-M I N N-M	HAYS, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
Rows as Necessary	KBSH KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3	7 9 10 17 23 24 110 180 181 182	N E N N-M I N-M N-M N-M I-M I-M	HAYS, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
Rows as Necessary	KBSH KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3	7 9 10 17 23 24 110 180 181 182 183	N E N N-M I N-M N-M N-M I-M I-M I-M E-M	HAYS, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS
Rows as Necessary	KBSH KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2	7 9 10 17 23 24 110 180 181 182 183 184	N E N N-M I N-M N-M I-M I-M I-M I-M I-M	HAYS, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS
Rows as Necessary	KBSH KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3	7 9 10 17 23 24 110 180 181 182 183 184 185	N E N N-M I N-M N-M I-M I-M I-M I-M I-M I-M N-M	HAYS, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS
Rows as Necessary	KBSH KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3	7 9 10 17 23 24 110 180 181 182 183 183 184 185 186	N E N N-M I N-M I-M I-M E-M I-M I-M N-M I-M	HAYS, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS
Rows as Necessary	KBSH KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KMTW-DT4	7 9 10 17 23 24 110 180 181 182 183 184 185 186 187	N E N N-M I N-M N-M I-M I-M I-M I-M I-M I-M I-M I-M	HAYS, KS HAYS, KS WICHITA, KS
Rows as Necessary	KBSH 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	7 9 10 17 23 24 110 180 181 182 183 183 184 185 186 187 189	N E N N-M I N-M N-M I-M I-M E-M I-M I-M I-M I-M I-M I-M I-M	HAYS, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS
Rows as Necessary	KBSH KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT4 KOOD-DT2 KSCW-DT4	7 9 10 17 23 24 110 180 181 182 183 184 185 186 187 189 190	N E N N-M I N-M I N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	HAYS, KS HAYS, KS WICHITA, KS
Rows as Necessary	KBSH KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT4 KOOD-DT2 KSCW-DT4 KWCH-DT4	7 9 10 17 23 24 110 180 181 182 183 184 185 185 186 187 189 190 192	N E N N-M I I N-M I-M I-M E-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	HAYS, KS HAYS, KS WICHITA, KS
Rows as Necessary	KBSH KOOD KAKE KSAS-DT2 KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT4 KOOD-DT2 KSCW-DT4	7 9 10 17 23 24 110 180 181 182 183 184 185 186 187 189 190	N E N N-M I N-M I N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	HAYS, KS HAYS, KS WICHITA, KS

Accounting I	Period: 2023	/1					FORM	I SA1-2E. PAGE
LEGAL NAME O		CABLE S	YSTEM:					SYSTEM I
NEX-TECH	LLC							629
	ANSMITTERS:					4	mind on on	н
			arried on a separate and disc nerally receivable by your cal					п
	-	-						
			II-Band FM Carriage: Under stem whenever it is received a					Primary Transmitters:
			ived at the headend, with the					Radio
			opyright Office regulations on					
aper SA1-2 fo								
		-	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.		-,			
			on (the community to which t	he station is licen	sed by the FC	C or, in	the case of	
Mexican or Ca	nadian stations	s, if any,	the community with which the	e station is identif	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	АМ							
KRSL KRSL	EM		RUSSELL, KS RUSSELL, KS					
KDT	FM		BURDETT, KS			+		
	†					+		
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Accounting Perio	od: 2023/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	NEX-TECH LLC							62955
	SUBSTITUTE CARRIAGI				G			
I I	In General: In space I, identi	-	-			ion that you	ır cahla svete	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televis	sion progran	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No'	. leave the	rest of this pac	e blank. If vour answer is '	'Yes." vou mι	ust complete	e the program	n
	log in block 2.	,		,	· , <b>,</b> · · · ·			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if thei	r meaning is	
	clear. If you need more spa				orogram") the	t during the		
	period, was broadcast by a			ision program ("substitute p ur cable system substitute				
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for furthe	r information	
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lo	ve Lucy" or	
	"NBA Basketball: 76ers vs.		lcast live ente	r "Yes." Otherwise enter "N	lo "			
				sting the substitute progra				
				e community to which the			FCC or, in	
	the case of Mexican or Can			community with which the steep the steep the second s			with the mor	oth
	first. Example: for May 7 giv		when your sys		orogram. 030	numerais,		
	Column 6: State the time	es when the		gram was carried by your o				ly
	to the nearest five minutes.	Example: a	i program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. sl	hould be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	mming that v	our system	was require	d
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete under	r FCC rules a	nd regulatio	ons in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCC		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. T FROM	TIMES — TO	DELETION
		103 01 100	ONLE OIGH	4. 01/1101/0 200/1101		TROM	10	
							<u> </u>	
							<u> </u>	
							_	
						·		
							_	
							_	
							_	
							_	

Name         NEX-TECH LLC           K         GROSS RECEIPTS           Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serv (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	ice
K       Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission services (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.         L       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	ice e 11,759.20
L       Instructions: To compute the royalty fee you owe:         Copyright       • Complete block 1, block 2, or block 3.         Royalty Fee       • Use block 1 if the amount of gross receipts in space K is \$137,100 or less	
<ul> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	
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 this six-mont accounting period is \$52.00	1
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 \$ 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	
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 \$527,600)	
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	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and	
Filing Fee and Total Remittance       1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
Due       2. Filing Fee (See the instructions for more information on filing fee calculations)	
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 Register of Copyr See page i of the general instructions in the paper SA1-2 form for more information.	ghts!

Neme			FORM SA1-2E. PAGE 7
Name	LEGAL NAME O NEX-TECH L	OF OWNER OF CABLE SYSTEM: LLC	SYSTEM ID# 62955
<b>M</b> Channels	to its subscrib 1. Enter the to system carri 2. Enter the to	You must give (1) the number of channels on which the cable system carried television broadcast stations     bers, and (2) the cable system's total number of activated channels during the accounting period.     botal number of channels on which the cable     ied television broadcast stations      botal number of activated channels     e cable system carried television broadcast stations	21
	and nonbroa	adcast services	020
N Individual to Be Contacted	we can contac	TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Scott Roe Telephone 78	5-625-7070
	Address	2418 Vine Street (Number, street, rural route, apartment, or suite number)	
		Hays, KS 67601 (City, town, state, zip)	
	<b>F</b> erre il		
	Email	sroe@nex-tech.com Fax (optional)	
•	CERTIFICATIO	<b>DN</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersig	gned, hereby certify that (Check one, but only one, of the boxes.)	
	(Ow	vner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
			m as identified
	(Ag	<b>Jent of owner other than corporation or partnership)</b> I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Ag	pent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system	
	<ul> <li>(Ag</li> <li>X (Of</li> <li>I have examinare true, comp</li> </ul>	<b>gent of owner other than corporation or partnership)</b> I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or <b>fficer or partner)</b> I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of	
	<ul> <li>(Ag</li> <li>X (Of</li> <li>I have examinare true, comp</li> </ul>	<b>The statement of account and hereby declare under penalty of law that all statements of fact contained herein</b> oblete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
	<ul> <li>(Ag</li> <li>X (Of</li> <li>I have examinare true, comp</li> </ul>	<b>The statement of account and hereby declare under penalty of law that all statements of fact contained herein</b> blete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
	<ul> <li>(Ag</li> <li>X (Of</li> <li>I have examinare true, comp</li> </ul>	pent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or         fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B.         ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein oblete, and correct to the best of my knowledge, information, and belief, and are made in good faith.         extion 1001(1986)]         X       /s/ Rhonda S. Goddard         Enter an electronic signature on the line above to certify this statement.	
	<ul> <li>(Ag</li> <li>X (Of</li> <li>I have examinare true, comp</li> </ul>	The pertod owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or the legal entity identified as owner of in line 1 of space B. The the statement of account and hereby declare under penalty of law that all statements of fact contained herein blete, and correct to the best of my knowledge, information, and belief, and are made in good faith. Section 1001(1986)] $K / s/ Rhonda S. Goddard$ There an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	

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 the 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 telephoi 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 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 t 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

	FORM SA1-2E. PAG
	SYSTEM 629
-TECH LLC	02:
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 Gro
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 Exclusi
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 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 1 Enter the amount of late payment or underpayment	Interest Assessm
x	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
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