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

Return completed workbook by email to:

coplicsoa@loc.gov

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

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for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY	by em
DATE RECEIVED	AMOUNT	coplic
8/24/23	\$ ALLOCATION NUMBER	For ac contac Office Tel: (2

Α	ACCO	DUNTING 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 Data Filing Period (optional - see instructions)	
Ferrou			
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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	•		
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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#
Name	NEX-TECH LLC	62978
D	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated con unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will s community." Please use it as the first community on all future filings.	munities within unincorporated areas and including single, discrete
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First Community	REPUBLIC	KS
Community		
d Rows as Necessary		

		BIE OVOTEM.						FORM SA1	TEM IC	
Name		ABLE SYSTEM:						313	6297	
	NEX-TECH LLC								0231	
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB	ERS AND RA	TES					
E	In General: The information in s	pace E should	cover all	categories of	secondary					
0	system, that is, the retransmission									
Secondary Transmission	about other services (including p						iose existin	g on the		
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and	down by categories of secondary	•					•			
Rates	each category by counting the nu							harged		
	separately for the particular servi									
	Rate: Give the standard rate cl unit in which it is generally billed.									
	category, but do not include disc				ly standart		wiu iir a pa			
	Block 1: In the left-hand block				ies of seco	ondary transmiss	sion service	e that cable		
	systems most commonly provide									
	that applies to your system. Note			-		-				
	categories, that person or entity s subscriber who pays extra for ca						•			
	first set" and would be counted o									
	Block 2: If your cable system h					service that are	different fro	om those		
	printed in block 1 (for example, ti									
	with the number of subscribers a	nd rates, in the	e right-ha	nd block. A tw	o- or three	e-word description	on of the se	ervice is		
	sufficient.	OCK 1			1		BLOCK	()		
		NO. OF	I					NO. OF		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT	
	Service to first set		44	30.00	DELUX	Ē		40	60.	
				30.00	DELUX	.⊑		40	00.	
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	ONS: RATES	6					
F	In General: Space F calls for rat									
F	not covered in space E, that is, the					,	,			
Services	service for a single fee. There are furnished at cost or (2) services of		,		0		0()			
Other Than	amount of the charge and the un									
Secondary	enter only the letters "PP" in the		,	,				9 ,		
ransmissions:	Block 1: Give the standard rat									
Rates	Block 2: List any services that	• •			-	÷ .				
	listed in block 1 and for which a s brief (two- or three-word) descrip	• •			sned. List t	nese other serv	ices in the	ionn of a		
		BLO						BLOCK 2		
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RAT	
	• Pay cable	90.00		el, hotel	luentiai		Sports	& Entertain.	13.	
		50.00	•	imercial			Cinema		11.	
	Pay cable—add'l channel Fire protection						HBO		17.	
			• Pay		oppol			ma & TMC		
			I • Pav					me & TMC		
	•Burglar protection							noore		
	•Burglar protection Installation: Residential		• Fire	protection				Incore	12.	
	•Burglar protection Installation: Residential • First set	99.00	• Fire • Burg	protection lar protection			NFL Re		12.	
	•Burglar protection Installation: Residential • First set • Additional set(s)	99.00 130.00	• Fire • Burg Other so	protection lar protection ervices:					12.	
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire • Burg Other so • Reco	protection lar protection ervices: onnect		30.00			10. 12. 49.	
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Fire • Burg Other so • Reco • Disc	protection lar protection ervices: onnect onnect		30.00			12.	
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire • Burg Other so • Reco • Disc	protection lar protection ervices: onnect		30.00			12.	

Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTE
	NEX-TECH LLC			
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eace educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-	1) stations carried only on a part-tin e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also see page (v) of the general instructi ogram services such as HBO, ESP air designation. For example, repo ision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indepe "E-M" (for noncommercial education tions in the paper SA1-2 form. he community to which the station	me basis under ´ ams [sections tions carried on a postitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). 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	E	LEXINGTON, NE
ows as Necessary	KLNE KSNB	<u> </u>	<u>Е</u> N	LEXINGTON, NE SUPERIOR, NE
Rows as Necessary				
Rows as Necessary	KSNB	5	N	SUPERIOR, NE
tows as Necessary	KSNB KBSH	5 7	N N	SUPERIOR, NE HAYS, KS
tows as Necessary	KSNB KBSH KOOD	5 7 9	N N E	SUPERIOR, NE HAYS, KS HAYS, KS
tows as Necessary	KSNB KBSH KOOD KGIN	5 7 9 11	N N E N	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE
lows as Necessary	KSNB KBSH KOOD KGIN KHGI	5 7 9 11 13	N N E N N	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE
tows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL	5 7 9 11 13 14	N N E N N N	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE
lows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2	5 7 9 11 13 14 15	N N E N N N	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE
tows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KCWH	5 7 9 11 13 14 15 16	N N E N N N	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE LINCOLN, NE
lows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KCWH KSCW	5 7 9 11 13 14 15 16 23	N N E N N N I I I I I	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS
tows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KCWH KSCW KSAS	5 7 9 11 13 14 15 16 23 24	N N E N N N I I I I N	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS
lows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KCWH KSCW KSAS KWCH-DT2	5 7 9 11 13 14 15 16 23 24 24 110	N N E N N N I I I I N N N-M	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS
Rows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KCWH KSCW KSAS KWCH-DT2 KOOD-DT3	5 7 9 11 13 14 15 16 23 24 110 183	N N E N N N I I I I N N N-M E-M	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS
lows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KCWH KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3	5 7 9 11 13 14 15 16 23 24 24 110 183 186	N N E N N N I I I I N N N-M E-M I-M	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS
tows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KCWH KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KMTW-DT4	5 7 9 11 13 14 15 16 23 24 24 110 183 186 187	N N E N N N 1 1 1 1 1 1 1 N N N H E-M E-M 1-M	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
lows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KCWH KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2 KGIN-DT5	5 7 9 11 13 14 15 16 23 24 16 23 24 110 183 186 187 189 191	N N E N N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS HAYS, KS GRAND ISLAND, NE
tows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KCWH KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2	5 7 9 11 13 14 15 16 23 24 110 183 186 187 189	N N E N N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS
lows as Necessary	KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KCWH KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2 KGIN-DT5	5 7 9 11 13 14 15 16 23 24 16 23 24 110 183 186 187 189 191	N N E N N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS HAYS, KS GRAND ISLAND, NE

Accounting F	Period: 2023	/1					FORM	I SA1-2E. PAGE 4
LEGAL NAME O NEX-TECH I		CABLE S	YSTEM:					SYSTEM ID 6297
	st every radio s	station ca	arried on a separate and disc nerally receivable by your cab					Н
receivable if (1 on the basis of For detailed inf paper SA1-2 fo Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C) it is carried b monitoring, to formation about orm. dentify the call State whether t f the radio stat this by placing Give the station	y the sys be rece at the Co I sign of the static cion's sig g a chec n's locat	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	at the system's he system's FM ant this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general 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	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KQMA	FM		PHILLIPSBURG, KS					
KDT	FM		BURDETT, KS					
(REP	FM		BELLEVILLE, KS					
						+		
						ļ		
						<u> </u>		
						<u> </u>		
	+				+	t		

Accounting Perior	d: 2023/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	ΓEM:					SYSTEM ID#
Name	NEX-TECH LLC							62978
	SUBSTITUTE CARRIAGE							
l 1								
l I	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					e general mat			-2 101111.
Special	1. SPECIAL STATEMENT	-						
Statement and	 During the accounting per 	-	ir cable system	i carry, on a substitute bas	sis, any nonne	etwork televisi	on progra	
Program Log	broadcast by a distant stat	ion?					YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete	the progra	am
	log in block 2.							
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subs				wherever po	ssible, if their	meaning i	s
	clear. If you need more spa	ace, please	add additional	rows to the tables.	program") th	at during the	accountin	~
	period, was broadcast by a			rision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				r "Yes." Otherwise enter "				
				asting the substitute progr		anaad by tha	FCC ar in	
	the case of Mexican or Car			he community to which the				
				tem carried the substitute			ith the mo	onth
	first. Example: for May 7 giv	ve "5/7."						
				gram was carried by your				əly
	to the nearest five minutes.	Example: a	a program carri	ied by a system from 6:01	:15 p.m. to 6:	28:30 p.m. sh	ould be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progr	omming that	vour ovetem v	voo roquir	od
	to delete under FCC rules a							
	was substituted for program							,
	effect on October 19, 1976		-			-		
					11	IN SUBSTITU		
		2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	AGE OCCUF 6. TIM		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
							. <u>-</u>	
						—		
		1] [_		
						_		
		1						
						<u></u>		
						_		
						_		
						_		
1						-		

Accounting Period:	2023/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	S	YSTEM ID# 62978
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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 service amount, see	7,238.70 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 \$2 • 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 this accounting period is \$52.00	s six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	· · ·	
	1. Base amount under statutory formula	/	
	2. Enter amount of gross receipts from space K		
	2. Enter amount of gross receipts non-space is		
	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 \$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	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 Registe See page i of the general instructions in the paper SA1-2 form for more information		s!

Accounting Period:	2023/1						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF	OWNER OF CABLE SYSTEM:					SYSTEM ID# 62978
M Channels	to its subscrit 1. Enter the t system car 2. Enter the t on which th	You must give (1) the number bers, and (2) the cable system's otal number of channels on whi ried television broadcast station otal number of activated channe ne cable system carried television padcast services	s total numl ich the cabl ns els on broadca	ber of activated channels du le	uring the a	eccounting period.	19 324
N Individual to Be Contacted		TO BE CONTACTED IF FURT ct about this statement of accou		PRMATION IS NEEDED (Ide	entify an ir	ndividual to whom	
for Further Information	Name	Scott Roe				Telephone	785-625-7070
	Address	2418 Vine Street (Number, street, rural route, apar Hays, KS 67601 (City, town, state, zip)	rtment, or suil	te number)			
	Email	sroe@nex-tech	h.com			Fax (optional	
O	I, the undersig (Ow (Age X (Of I have examin are true, comp	N (This statement of account m ned, hereby certify that (Check or ner other than corporation or p ent of owner other than corpore in line 1 of space B and that th ficer or partner) I am an officer (in line 1 of space B. ed the statement of account and I blete, and correct to the best of m action 1001(1986)]	ne, <i>but only</i> partnership ation or par he owner is i (if a corpora hereby decl hy knowledg	rone, of the boxes.)) I am the owner of the cable rtnership) I am the duly authonot a corporation or partnersh tion) or a partner (if a partnersh are under penalty of law that a	system as orized agen iip; or ship) of the all stateme d are made ard e above to	identified in line 1 of space B; of nt of the owner of the cable system e legal entity identified as owner ents of fact contained herein in good faith.	tem as identified
		Typed or printed Title: (T	Chief	Rhonda S. Goddard Financial Officer position held in corporation or pa			
		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. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
K-TECH LLC	629
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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 transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statemen Concerning Gros Receipts Exclusio
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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.	
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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.