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					
8/24/23	\$  ALLOCATION NUMBER				

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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20231 Barcode Data Filing Period (optional - see instructions)
Accounting Period	
	Instructions:
В	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 these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(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 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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period: 2	2023/1	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name								
	NEX-TECH LLC	63012						
	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as 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 home parks should be reported in parentheses below the							
Alea		ome parks should be reported in parentheses selow the						
Served	identified city.							
	CITY OR TOWN	STATE						
First	IONIA	KS						
Community								
Add Rows as Necessary								

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name NEX-TECH LLC

#31 EWI 10# 63012

# Ε

Accounting Period: 2023/1

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

**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 category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential 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, together with 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		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	17	30.00	DELUXE	15	60.00
<ul> <li>Service to additional set(s)</li> </ul>					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		I			

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

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

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	90.00	Motel, hotel		Sports & Entertain.	13.95
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Cinemax	11.95
Fire protection		• Pay cable		НВО	17.95
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		Showtime & TMC	10.99
Installation: Residential		Fire protection		Starz! Encore	12.95
• First set	99.00	Burglar protection		NFL RedZone	49.95
<ul><li>Additional set(s)</li></ul>	130.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	30.00		
Converter		Disconnect			
		<ul> <li>Outlet relocation</li> </ul>	130.00		
		Move to new address	99.00		

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**63012** 

### **NEX-TECH LLC**

G

### Primary Transmitters: Television

**PRIMARY TRANSMITTERS:** TELEVISION

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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 a 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 program 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 the 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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "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 community 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (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 form.

**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.

Add Rows as Necessary

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
KSNB	5	N	SUPERIOR, NE
KBSH	7	N	HAYS, KS
KOOD	9	E	HAYS, KS
KGIN	11	N	GRAND ISLAND, NE
KHGI	13	N	KEARNEY, NE
KFXL	14	N	LINCOLN, NE
KSNB-DT2	15	l	LINCOLN, NE
KCWH	16	l	LINCOLN, NE
KSCW	23	I	WICHITA, KS
KSAS	24	N	WICHITA, KS
KWCH-DT2	110	N-M	WICHITA, KS
KSCW-DT3	182	I-M	WICHITA, KS
KOOD-DT3	183	E-M	HAYS, KS
KSAS-DT3	185	N-M	WICHITA, KS
KMTW-DT3	186	I-M	WICHITA, KS
KMTW-DT4	187	I-M	WICHITA, KS
KOOD-DT2	189	E-M	HAYS, KS
KSCW-DT4	190	I-M	WICHITA, KS
KWCH-DT4	192	N-M	WICHITA, KS
KMTW-DT1	193	I-M	WICHITA, KS
KWCH-DT3	194	N-M	WICHITA, KS

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2023/1 FOR	RM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63012

**NEX-TECH LLC** 

### 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

Primary Transmitters: Radio

**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.

- 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	Ţ	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KQMA	FM		PHILLIPSBURG, KS					
KREP	FM		BELLEVILLE, KS	-				·
KKDT	FM		BURDETT, KS	-				,
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Accounting Perio						FC	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	NEX-TECH LLC						63012
	CURCUITUTE CARRIACE	. CDECIA	LCTATEME	UT AND DDOCDAM I C			
1	SUBSTITUTE CARRIAGE						
1	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cab substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authoric						
Substitute							
Carriage:							
Special							
Statement and		•	r cable system	carry, or a substitute ba	sis, ally Hollin		
Program Log	broadcast by a distant stat					YES	× NO
	Note: If your answer is "No"	, leave the	rest of this pag	je blank. If your answer is	"Yes," you m	nust complete the progr	am
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst				wherever po	ssible, if their meaning	is
	clear. If you need more space Column 1: Give the title				nrogram") th	at during the accounting	na
	period, was broadcast by a						
	under certain FCC rules, reg						
	Do not use general categori		vies" or "baske	tball." List specific progra	m titles, for e	xample, "I Love Lucy" c	or
	"NBA Basketball: 76ers vs. Column 2: If the program		doast live ente	r "Yes " Otherwise enter '	No "		
	Column 3: Give the call s						
	Column 4: Give the broa						n
	the case of Mexican or Can						41-
	<b>Column 5:</b> Give the mon first. Example: for May 7 giv		when your sys	tem carried the substitute	program. Us	e numerals, with the m	onth
	Column 6: State the time		substitute pro	gram was carried by you	· cable systen	n. List the times accura	telv
	to the nearest five minutes.		•		•		,
	stated as "6:00-6:30 p.m."	•			•	·	
	Column 7: Enter the lette				•		
	to delete under FCC rules a was substituted for program						gram
	effect on October 19, 1976.	ming mar y	our system wa	s permitted to delete und	ei FCC fules	and regulations in	
						EN SUBSTITUTE	
	S	UBSTITUT	E PROGRAM		CARF		7. REASON FOR
	1. TITLE OF PROGRAM					'	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
						_	
	DELETION						

Accounting Period:	2023/1		FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  NEX-TECH LLC		S	(STEM ID# 63012
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amour all amounts (gross receipts) paid to your cable system by subscribers for the system's sect (as identified in space E) during the accounting period. For a further explanation of how to 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	condary trans compute thi	smission servic s amount, see	5,549.50
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than 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 LES	SS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you n accounting period is \$52.00	must pay for t	his 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			
	1. Base amount under statutory formula	3,800.00		
	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	_		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	· · · · · · · - <u>-</u>		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less	s than \$527,	,600)	
	Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	3,800.00		
	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 See page i of the general instructions in the paper SA1-2 form for mo	_		nts!

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2023/1			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF	OWNER OF CABLE SYSTEM: _C		SYSTEM ID# 63012
M Channels	to its subscribe	- , ,	of channels on which the cable system carried television broadcast stations total number of activated channels during the accounting period.	23
	system carrie	d television broadcast stations		23
	on which the	al number of activated channe cable system carried televisior		324
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of accou	IER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further	Name	Scott Roe	Telephone	785-625-7070
Information	Address 	2418 Vine Street (Number, street, rural route, apart Hays, KS 67601 (City, town, state, zip)	ment, or suite number)	
	Email	sroe@nex-tech	.com Fax (optional)	
0	CERTIFICATION	(This statement of account m	ust be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersign	ned, hereby certify that (Check or	ne, but only one, of the boxes.)	
	(Own	ner other than corporation or p	artnership) I am the owner of the cable system as identified in line 1 of space B	; or
			<b>tion or partnership)</b> I am the duly authorized agent of the owner of the cable sy wner is not a corporation or partnership; or	rstem as identified
		i <b>cer or partner)</b> I am an officer (i n line 1 of space B.	f a corporation) or a partner (if a partnership) of the legal entity identified as own	er of the cable system
	are true, comple		nereby declare under penalty of law that all statements of fact contained herein knowledge, information, and belief, and are made in good faith.	
	I		X /s/ Rhonda S. Goddard	
			Enter an electronic signature on the line above to certify this statement.  Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name: Rhonda S. Goddard	
		Title:	Chief Financial Officer  official position held in corporation or partnership)	
		Date:	08/25/2023	

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U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

counting Period: 2023/1		FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
EX-TECH LLC		63012
SPECIAL STATEMENT CONCERNING GROSS RECT The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence:  "In determining the total number of subscribers and the generation of providing secondary transmissions of primary scribers and amounts collected from subscribers receiving	on 111(d)(1)(A), of the Copyright Act by adding the fol- gross amounts paid to the cable system for the basic broadcast transmitters, the system shall not include sub-	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the located in the paper SA1-2 form.	ne note on page (vii) of the general instructions	Receipts Exclusion
During the accounting period, did the cable system exclude any made by satellite carriers to satellite dish owners?	amounts of gross receipts for secondary transmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) belo	w	
Name Mailing Address	Name Mailing Address	
Line 1 Enter the amount of late payment or underpayment  Line 2 Multiply line 1 by the interest rate* and enter the sum he	x	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the	xdays 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 b	plock 3 line 6 (interest charge)	
* To view the interest rate chart click on www.copyright.gov/l contact the Licensing Division at (202) 707-8150 or licensi	·	
** This is the decimal equivalent of 1/365, which is the intere	est assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of ac list below the owner, address, first community served, ID number		
Address		
ID number		
First community served Accounting period		

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