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.

DATE RECEIVED

3/8/24

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

\$

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

System names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in System 1 IDENTIFICATION OF CABLE SYSTEM: AMAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number)	Image: construction of the system of the construction o		
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B 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. Ust 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 filling. If not, enter the system's ID number assigned by the Licensine 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, Made, applement, or submit number) LENORA, KS 67645 C(U), Vont, addit, applement, or submit number) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B 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. 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. E2978 Check here if this is the system's first filme. If not. enter the system's ID number assigned by the Licensine Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM NEX-TECH LLC BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM 145 N MAIN MAILING ADDRESS OF OWNER OF CABLE SYSTEM LENORA, KS 67645 C(D)(UMI Malke, 200) LENORA, KS 67645 C(D)(UMI Malke, 200) System 1 DENTIFICATION OF CABLE SYSTEM: 1 2 Wanteen, market, number, or submend, or number) MalLING ADDRESS OF CABLE SYSTEM: 1	ccounting	20232 Barcode Data Filing Period (optional - see instructions)
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2 (Number, street, rural route, apartment, or suite number)	2 (Number, street, rural route, apartment, or suite number)	System	1 IDENTIFICATION OF CABLE SYSTEM:
			MAILING ADDRESS OF CABLE SYSTEM:
	(City, town, state, zip code)		2 (Number, street, rural route, apartment, or suite number)
(City, town, state, 2p code)			(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 filing, a determination that would be made by a court of law.

Nexterior Luc Community served by the cable system. A "community" is the same as a "community unit" as defined in CC. Uses "a separate and district community or mulcial entity (including, unitorgonetate community served by the cable system. A "community" is the same as a "community unit" as defined in CC. Uses "a separate and district community or mulcial entity (including, unitorgonetate). A community with use with a single as defined intersective two active transmostary. "Reserve use it as the list community and fluture fings. Area sund	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Image: Construction of the set o		NEX-TECH LLC	62978
Area Served Note: Entities and properties such as hotels, spartments, condominium, or mobile home parks should be reported in parentheses below the interfield city. First Community City OR TOWN STATE Add Res to Interest	D	"a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known
Served identified city. Final Community Add brows to location Final Community Final Comm			
First Community And hors a loceary			mobile nome parks should be reported in parentileses below the
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	LEGAL NAME OF OWNER OF C	ABLE SYSTEM					TEM IC
Name	NEX-TECH LLC	ADEE OT OTEM.				010	6297
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 secondary each category by counting the n 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	pace E should on of television vay cable) in sp I (June 30 or D I blocks in space y transmission umber of billing ice at the rate i harged for eac . (Example: "\$2 ounts allowed	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	of secondary trans ts by your system t the facts you state case may be). her of subscribers you can compute th he number of perso umber of sets receive. Include both the e any standard rate ht.	o subscribers. G must be those e to the cable sys ne number of su ons or organizati ving service). amount of the cl variations withir	ive information xisting on the tem, broken bscribers in ons charged narge and the na particular rate	
	systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	to their subsc where an ind should be cour ble service to a once again und has rate catego iers of services und rates, in the	ribers. Give the nur dividual or organiza nted as a subscribe additional sets woul er "Service to additi pries for secondary that include one or	ber of subscribers ion is receiving ser in each applicable d be included in the onal set(s)." transmission service more secondary tra	and rate for eac vice that falls un category. Exam count under "So e that are differe ansmissions), lis description of t	h listed category der different ple: a residential ervice to the nt from those t them, together he service is	
	BLO	OCK 1 NO. OF			BLO	DCK 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		CATEGOR	Y OF SERVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		40 30.0	DELUXE		37	60.
	Service to additional set(s)FM radio (if separate rate)						
	Motel, hotel						
	Commercial Converter						
	Residential						
	Non-residential						
F 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 nonsubscr usually billed. If any he cable system for stem furnished or of e was made or esta le the rate for each.	respect to all your in combination with to give rate informa- bers. Rate informa- rates are charged each of the applica- fered during the acc blished. List these	any secondary ation concerning ion should inclu on a variable pe ble services liste counting period t	transmission (1) services de both the rr-program basis, ed. that were not the form of a	
	CATEGORY OF SERVICE	BLO RATE	CATEGORY OF S	RVICE	ATE CAT	BLOCK 2 EGORY OF SERVICE	RAT
	Continuing Services:		Installation: Non-				
	• Pay cable	90.00	• Motel, hotel		Spo	rts & Entertain.	13.
	• Pay cable—add'l channel		Commercial			emax	11.
	Fire protection		Pay cable Apy cable add'	abannal	HBC		17.
	•Burglar protection Installation: Residential		 Pay cable-add' Fire protection 	channel		wtime & TMC z! Encore	10. 12.
	First set	99.00	Burglar protect	on		RedZone	49.
	Additional set(s)	130.00	Other services:				
	· · ·				20.00		
	 FM radio (if separate rate) 		 Reconnect 		30.00		
	 FM radio (if separate rate) Converter 		 Reconnect Disconnect 		30.00		

nting Period: 2	-			FORM SA1-2E. PA
Name		IF CABLE SYSTEM:		SYSTEM 62
	NEX-TECH LLC			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
G Primary Insmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, i Substitute Basis Station basis under specific FCC i • Do <i>not</i> list the station here, station was carried <i>only</i> o • List the station here, and basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the charn of license. For example, W Column 3: Indicate in eace educational station, by ent (for independent multicast	lentify every television station (including tr em during the accounting period, $except$ (is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph. s : With respect to any distant stations carri- rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried I ion concerning substitute basis stations, si on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-a	(1) stations carried only on a part carriage of certain network prog (e)(2) and (4))]; and (2) certain st ried by your cable system on a si e Special Statement and Program both on a substitute basis and al- ce page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep sion station for broadcasting over ation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa	E-time basis under prams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community a noncommercial pendent), "I-M"
	Column 4: Give the locati	2. B'CAST CHANNEL NUMBER	ne community to which the statio	
	KSNC	2	N	GREAT BEND, KS
	KLNE	3	E	LEXINGTON, NE
ows as Necessary	KSNB	5	Ν	SUPERIOR, NE
	KBSH	7	N	HAYS, KS
	KSNK	8	N	MCCOOK, NE
	KOOD	9	E	HAYS, KS
	KGIN	11	Ν	GRAND ISLAND, NE
	KHGI			
	NIG	13	N	KEARNEY, NE
	KFXL	13 14	N N	KEARNEY, NE LINCOLN, NE
	KFXL	14	N	LINCOLN, NE
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	KFXL KSNB-DT2 KCWH	14 15 16	N 	LINCOLN, NE LINCOLN, NE LINCOLN, NE
	KFXL KSNB-DT2 KCWH KSAS-DT2	14 15 16 17	N I I N-M	LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS
	KFXL KSNB-DT2 KCWH KSAS-DT2 KSCW	14 15 16 17 23	N I I N-M I	LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS
	KFXL KSNB-DT2 KCWH KSAS-DT2 KSCW KSAS	14 15 16 17 23 24	N I I N-M I N	LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS
	KFXL KSNB-DT2 KCWH KSAS-DT2 KSCW KSAS KBSH-DT2	14 15 16 17 23 24 110	N I I N-M I N N-M	LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KFXL KSNB-DT2 KCWH KSAS-DT2 KSCW KSAS KBSH-DT2 KGIN-DT3	14 15 16 17 23 24 110 180	N I I N-M I N-M N-M N-M	LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS GRAND ISLAND, NE
	KFXL KSNB-DT2 KCWH KSAS-DT2 KSCW KSAS KBSH-DT2 KGIN-DT3 KMTM-DT2	14 15 16 17 23 24 110 180 181	N I I N-M I N N-M N-M I-M	LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS GRAND ISLAND, NE WICHITA, KS
	KFXL KSNB-DT2 KCWH KSAS-DT2 KSCW KSAS KBSH-DT2 KGIN-DT3 KMTM-DT2 KOOD-DT3	14 15 16 17 23 24 110 180 181 183	N I I N-M I N-M N-M I-M I-M E-M	LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS GRAND ISLAND, NE WICHITA, KS HAYS, KS
	KFXL KSNB-DT2 KCWH KSAS-DT2 KSCW KSAS KBSH-DT2 KGIN-DT3 KMTM-DT2 KOOD-DT3 KSAS-DT2	14 15 16 17 23 24 110 180 181 183 185	N I I N-M I N N-M N-M I-M E-M N-M	LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS GRAND ISLAND, NE WICHITA, KS HAYS, KS WICHITA, KS
	KFXL KSNB-DT2 KCWH KSAS-DT2 KSCW KSAS KBSH-DT2 KGIN-DT3 KMTM-DT2 KOOD-DT3 KSAS-DT2 KMTW-DT3	14 15 16 17 23 24 110 180 181 183 185 186	N I I N-M I N-M N-M I-M E-M N-M I-M	LINCOLN, NE LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS GRAND ISLAND, NE WICHITA, KS HAYS, KS WICHITA, KS

-	Period: 2023						FORM	I SA1-2E. PAGE
	F OWNER OF C	ABLE S	YSTEM:					SYSTEM II
NEX-TECH	LLC							629
	ANSMITTERS:							н
			arried on a separate and disc nerally receivable by your ca					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					
paper SA1-2 fo								
		-	each station carried.					
			on is AM or FM. nal was electronically proces	sed by the cable	svstem as a si	enarate	and discrete	
			k mark in the "S/D" column.	sed by the cable	3y3t0111 d3 d 3	oparato		
			ion (the community to which t	he station is licer	sed by the FC	C or, in	the case of	
			the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0				0,0		
	FM		PHILLIPSBURG, KS					
	FM FM		BURDETT, KS					
			BELLEVILLE, KS					
	+							
	+							
	+							
	+							
	+							
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Accounting Perio	od: 2023/2						FOR	M SA1-2E. PAGE 5
0	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	NEX-TECH LLC							62978
	SUBSTITUTE CARRIAGI				2			
1						414		
•	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				Ŭ			
Special	During the accounting per				s. anv nonne	twork televi	sion progran	n
Statement and	broadcast by a distant star	-		ounij, on a casoniaio saoi	o, any normo			× NO
Program Log	-					L	YES	
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				vherever pos	sible, if the	ir meaning is	5
				ision program ("substitute p	program") that	t. durina th	e accounting	1
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	ral instruction	ns for furthe	er informatio	
	Do not use general categor		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Lo	ove Lucy" or	
	"NBA Basketball: 76ers vs.		depet live onto	r "Vaa " Othanwiga optar "N	o."			
				r "Yes." Otherwise enter "N Isting the substitute program				
				ne community to which the		nsed by the	FCC or, in	
	the case of Mexican or Can						,	
			when your sys	tem carried the substitute p	orogram. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv							
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."		i program cam	eu by a system nom 0.01.1	5 p.m. to 0.2	o.su p.m. s		
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period;	enter the let	ter "P" if the	e listed progr	am
	was substituted for program		our system wa	s permitted to delete under	FCC rules a	nd regulation	ons in	
	effect on October 19, 1976.							
					WHE	N SUBST		
	s	UBSTITUI	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	-	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
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Accounting Period:	2023/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	NEX-TECH LLC		62978
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (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 servic s amount, see	e 7,289.29
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 accounting period is \$52.00	this 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,	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		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		E0 00	
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		
	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		hts!

Accounting Period:	2023/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME O NEX-TECH L	F OWNER OF CABLE SYSTEM: LC	SYSTEM ID# 62978
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. otal number of channels on which the cable ed television broadcast stations	23 324
N Individual to Be Contacted		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 785	5-625-7070
	Address	2418 Vine Street (Number, street, rural route, apartment, or suite number) Hays, KS 67601 (City, town, state, zip)	
	Email	sroe@nex-tech.com Fax (optional)	
O Certification	I, the undersigned of the u	(This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Inter other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent 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 (If a partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the 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 lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] 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 (Title of official position held in corporation or partnership)	
		Date: 02/22/2024	

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 telephon 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 fling, a determination that would be made by a court of lave

	FORM SA1-2E. PA
	SYSTER
-TECH LLC	62
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 Mailing Address	
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	Interest Assessm
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate [*] and enter the sum here	-
xdays	-
	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 - Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - - Line 3 Multiply line 2 by the number of days late and enter the sum here - - Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	-
x	-
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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