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
02/24/2025	\$ 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	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	20242 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	ISTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the ames already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space E	
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.

NEX-TECH LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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 identified city. CITY OR TOWN STATE First VICTORIA KS		T	FORM SA1-2E. PAG
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kr 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 identified city. CITY OR TOWN STATE VICTORIA KS VICTORIA KS	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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 identified city. CITY OR TOWN STATE VICTORIA KS Community			620
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 kn 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 identified city. CITY OR TOWN STATE VICTORIA KS Community			
Area Served Area Served CITY OR TOWN STATE VICTORIA CITY OR TOWN STATE VICTORIA STATE VICTORIA STATE STATE VICTORIA STATE STATE VICTORIA STATE VICTORIA KS	D		
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE VICTORIA KS Community			
Area Served identified city. CITY OR TOWN STATE First Community CITY OR TOWN KS KS			
Served identified city. CITY OR TOWN STATE First Community CITY OR TOWN KS VICTORIA KS	Δrea		nobile home parks should be reported in parentheses below the
First VICTORIA STATE Community		identified city.	
First VICTORIA KS Community			
First VICTORIA KS Community			
Community		CITY OR TOWN	STATE
	First	VICTORIA	KS
	Community		
Resa Nicesia			
	d Rows as Necessary		
	u nows as necessary		

Accounting Period: 2024/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NEX-TECH LLC

8YSTEM ID# 62017

FORM SA1-2E, PAGE 2

Ε

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		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SU	JBSCRIBERS	RATE
Residential:					
Service to first set	159	62.74			
 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 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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	66.00	 Motel, hotel 		Sports & Entertain.	13.95
 Pay cable—add'l channel 		Commercial		Cinemax	11.95
Fire protection		• Pay cable		НВО	17.95
•Burglar protection		 Pay cable-add'l channel 		Showtime & TMC	10.99
Installation: Residential		 Fire protection 		Starz! SuperPak	8.95
• First set	99.00	 Burglar protection 		NFL RedZone	49.95
 Additional set(s) 	130.00	Other services:			
 FM radio (if separate rate) 		 Reconnect 	20.00		
Converter		Disconnect			
		 Outlet relocation 	130.00		
		 Move to new address 	99.00		

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62017

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
KBSH	7	N	HAYS, KS
KOOD	9	E	HAYS, KS
KAKE	10	N	WICHITA, KS
KSAS-DT2	17	N-M	WICHITA, KS
KSCW	23	I	WICHITA, KS
KSAS	24	N	WICHITA, KS
KWCH-DT2	110	N-M	WICHITA, KS
KAKE-DT2	180	N-M	WICHITA, KS
KMTW-DT2	181	I-M	WICHITA, KS
KWCH-DT4	182	N-M	WICHITA, KS
KOOD-DT3	183	E-M	HAYS, KS
KSCW-DT2	184	I-M	WICHITA, 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
KSNC-DT2.4	191	N-M	GREAT BEND, KS
KMTW-DT1	193	I-M	WICHITA, KS
KWCH-DT3	194	N-M	WICHITA, KS
KSNC-DT2.2	195	N-M	GREAT BEND, KS

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

NEX-TECH LLC

62017

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

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.

Primary Transmitters: Radio

- 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	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KKQY KRSL KKDT	FM AM		HILL CITY, KS RUSSELL, KS BURDETT, KS				
KRSL	AM	1	RUSSELL. KS				
KKDT	FM	l	BURDETT KS				
	1		DONDETT, NO				
	 	 					
	 	 					
		 					
		 					
							
		 				 	
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NEX-TECH LLC SUBSTITUTE CARRIAG In General: In space I, iden	CABLE SYS						
SUBSTITUTE CARRIAG		STEM:					SYSTEM ID#
In General: In space I, iden							62017
explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe	tify every no accounting p ning that mu T CONCEF riod, did yo	nnetwork telev period, under sp est be included RNING SUBS	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE	v a distant stat CC rules, regunded the general ins	ulations, o tructions i	r authorizati n the paper levision pro	ons. For a further SA1-2 form.
-							NO
_	o", leave the	rest of this pa	age blank. If your answer is	s "Yes," you n	nust comp	olete the pro	ogram
	E PROGRA	AMS					
Column 1: Give the title period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program	of every not a distant state egulations, or ries like "mo. Bulls." m was broat sign of the adcast stating additional and day live "5/7." lies when the Example: ter "R" if the and regulate mming that	onnetwork teletion and that yor authorizatio ovies" or "bask dcast live, ent station broad on's location (ons, if any, they when your sy e substitute pra program car elisted programions in effect of	vision program ("substitute our cable system substitute our cable system substitutens. See page (v) of the generated our cable." List specific program or "Yes." Otherwise enter "casting the substitute programe community to which the community with which the extem carried the substitute or carried the substitute or carried by a system from 6:01 or was substituted for program was substituted f	ted for the pro- neral instruction titles, for e "No." ram. e station is lice station is ide program. Us r cable syster 1:15 p.m. to 6 ramming that od; enter the le ler FCC rules	eensed by eensed by entified). se numera m. List the :28:30 p.n your syst etter "P" if and regu	g of another of the FCC or als, with the etimes accument, should be the listed plations in	r station ation. " or -, in month grately
SUBSTITUTE PROGRAM					CARRIAGE OCCURRED		
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	ь. FROM	— TO	DELETION
	broadcast by a distant sta Note: If your answer is "Note log in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, red Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the broad the case of Mexican or Cal Column 5: Give the mofirst. Example: for May 7 gives the magnetic of the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for programe effect on October 19, 1976	broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progreclear. If you need more space, please Column 1: Give the title of every not period, was broadcast by a distant state under certain FCC rules, regulations, Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the Column 4: Give the broadcast statif the case of Mexican or Canadian statification of the column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the tothe nearest five minutes. Example: stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the tothe delete under FCC rules and regulat was substituted for programming that effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	broadcast by a distant station? Note: If your answer is "No", leave the rest of this particle in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separt clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork teleperiod, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bask" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, ent Column 3: Give the call sign of the station broadch Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7." Column 6: State the times when the substitute proto the nearest five minutes. Example: a program car stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter 'Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for prog to delete under FCC rules and regulations in effect during the accounting peric was substituted for programming that your system was permitted to delete underfect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you relog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever proceed the column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the program ("substituted for the program on the general categories like "movies" or "basketball." List specific program titles, for e "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is lice the case of Mexican or Canadian stations, if any, the community with which the station is lice. Column 5: Give the month and day when your system carried the substitute program. Use first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the lowas substituted for programming that your system was permitted to delete under FCC rules effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH	broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during period, was broadcast by a distant station and that your cable system substituted for the programmin under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further on the second of the general categories like "movies" or "basketball." List specific program titles, for example, "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numers first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.r. stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your syst to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" it was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" it was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the a	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the prolog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the account period, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further inform Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC of the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the first. Example: for May 7 give "517." Column 6: State the times when the substitute program was carried by your cable system. List the times accute to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was req to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pwas substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE CARRIAGE OCCURRED 1. TITLE OF PROGRAM 2. LIVE

structions: As a cable system with gross receipts of \$ scounting period is \$52.00 ne 1. Royalty fee for accounting period	n by subscribers for the st. For a further explanation per SA1-2 form. ansmission service(s)	but less that but less that how for a straight of how to be seeingts. but less that but less that formation 7,100 OR I but less that yellow the seeingth of t	an or equal to \$2 an \$527,600 a. LESS ou must pay for core than \$137,1	ter the total of ission service amount, see \$ 62 (Amount of ground of grou	2,212.10
structions: The figure you give in this space detern amounts (gross receipts) paid to your cable system identified in space E) during the accounting perionage (vii) of the general instructions located in the particular of the general instructions located in the particular of the general instructions located in the particular of the general instructions can be considered in the particular of the general instructions for secondary transfer of the general instructions. PYRIGHT ROYALTY FEE ructions: To compute the royalty fee you owe: complete block 1, block 2, or block 3. see block 1 if the amount of gross receipts in space I see block 2 if the amount of gross receipts in space I see block 3 if the amount of gross receipts in space I see block 3 if the amount of gross receipts in space I see block 3 if the amount of gross receipts in space I see block 3 if the amount of gross receipts in space I see block 3 if the amount of gross receipts in space I see block 3 if the amount of gross receipts of the page (vii) of the general instructions located in the page (vii) of the general instructions located in the page (vii) of the general instructions located in the page (viii) of the general instructions located in the page (vii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located	n by subscribers for the st. For a further explanation per SA1-2 form. ansmission service(s)	but less that but less that how for a straight of how to be seeingts. but less that but less that formation 7,100 OR I but less that yellow the seeingth of t	an or equal to \$2 an \$527,600 a. LESS ou must pay for core than \$137,1	\$ 62 (Amount of ground) this six-mon' \$ 00)	52.00 0.00
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structions: As a cable system with gross receipts of \$ scounting period is \$52.00 ne 1. Royalty fee for accounting period	pace Q, page 8 UNTING PERIOD Add lin S OF \$263,800 OR LES	nes 1 and 2	ou must pay for	\$ 000)	0.00
ne 1. Royalty fee for accounting period	pace Q, page 8	nes 1 and 2 SS (but mo	ore than \$137,1 263,800.00	\$ 000)	0.00
ne 1. Royalty fee for accounting period	pace Q, page 8	nes 1 and 2 SS (but mo	ore than \$137,1 263,800.00	\$	0.00
ne 2. Interest charge. Enter the amount from line 4, some 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOMBLOCK 2: GROSS RECEIPT Base amount under statutory formula	pace Q, page 8	nes 1 and 2 SS (but mo	ore than \$137,1 263,800.00	\$	0.00
ne 3. TOTAL ROYALTY FEE PAYABLE FOR ACCO BLOCK 2: GROSS RECEIPT Base amount under statutory formula	S OF \$263,800 OR LES	nes 1 and 2 SS (but mo	ore than \$137,1 263,800.00	00)	
BLOCK 2: GROSS RECEIPT Base amount under statutory formula	S OF \$263,800 OR LES	SS (but mo	ore than \$137,1 263,800.00	00)	52.00
Base amount under statutory formula		\$	263,800.00		
	•				
Enter amount of gross receipts from space K					
0.14 411 0.6 11 4				•	
	•				
• • • •					
				.	
Interest charge. Enter the amount from line 4, space	Q, page 8				0.00
TOTAL ROYALTY FEE PAYABLE FOR ACCOUNT	ING PERIOD. Add lines 7	and 8			
BLOCK 3: GROSS RECEIPTS	OF MORE THAN \$263	3,800 (but	less than \$527	,600)	
Enter the amount of gross receipts from space K \dots					
Base amount under statutory formula		\$	263,800.00		
Subtract line 2 from line 1				•	
	•			•	
				1,319.00	
				,	
FILING FEE AND TO	TAL REMITTANCE DU	JE			
Royalty Fee Payable for Accounting Period (from Blo	ock 1, 2, or 3, above)		\$	52.00	
Filing Fee (See the instructions for more information	on filing fee calculations)		. \$	15.00	
TOTAL AMOUNT DUE FOR ACCOUNTING PERIO	D. Add lines 2 and 3			\$	67.00
Important: Vous somittance much he is the -	orm of an alastrania ===	mont nov-	hio to the Best	etor of Committee	htel
	Enter the amount of gross receipts from space K Enter the amount from line 3 Subtract line 5 from line 4 Multiply line 6 by .005 (enter figure here) Interest charge. Enter the amount from line 4, space TOTAL ROYALTY FEE PAYABLE FOR ACCOUNT BLOCK 3: GROSS RECEIPTS Enter the amount of gross receipts from space K Base amount under statutory formula Subtract line 2 from line 1 Multiply line 3 by .01 Royalty due on the first \$263,800 of gross receipts (u.) Interest charge. Enter the amount from line 4, space TOTAL ROYALTY FEE PAYABLE FOR ACCOUNT FILING FEE AND TO Royalty Fee Payable for Accounting Period (from Block) Filing Fee (See the instructions for more information TOTAL AMOUNT DUE FOR ACCOUNTING PERIO	Enter the amount from line 3 Subtract line 5 from line 4 Multiply line 6 by .005 (enter figure here) Interest charge. Enter the amount from line 4, space Q, page 8 TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263 Enter the amount of gross receipts from space K Base amount under statutory formula Subtract line 2 from line 1 Multiply line 3 by .01 Royalty due on the first \$263,800 of gross receipts (under statutory formula) Interest charge. Enter the amount from line 4, space Q, page 8 TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4 FILING FEE AND TOTAL REMITTANCE DU Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) Filing Fee (See the instructions for more information on filing fee calculations) TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 Important: Your remittance must be in the form of an electronic pay	Enter the amount of gross receipts from space K Enter the amount from line 3 Subtract line 5 from line 4 Multiply line 6 by .005 (enter figure here) Interest charge. Enter the amount from line 4, space Q, page 8 TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but Enter the amount of gross receipts from space K Base amount under statutory formula \$ Subtract line 2 from line 1 Multiply line 3 by .01 Royalty due on the first \$263,800 of gross receipts (under statutory formula) Interest charge. Enter the amount from line 4, space Q, page 8 TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 FILING FEE AND TOTAL REMITTANCE DUE Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) Filing Fee (See the instructions for more information on filing fee calculations) TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 Important: Your remittance must be in the form of an electronic payment paya	Subtract line 2 from line 1 Enter the amount of gross receipts from space K Enter the amount from line 3 Subtract line 5 from line 4 Multiply line 6 by .005 (enter figure here) Interest charge. Enter the amount from line 4, space Q, page 8 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) Enter the amount of gross receipts from space K Base amount under statutory formula \$ 263,800.00 Subtract line 2 from line 1 Multiply line 3 by .01 Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ Interest charge. Enter the amount from line 4, space Q, page 8 TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 FILING FEE AND TOTAL REMITTANCE DUE Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ \$ TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 Important: Your remittance must be in the form of an electronic payment payable to the Regis	Enter the amount of gross receipts from space K Enter the amount from line 3 Subtract line 5 from line 4 Multiply line 6 by .005 (enter figure here) Interest charge. Enter the amount from line 4, space Q, page 8 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) Enter the amount of gross receipts from space K Base amount under statutory formula \$263,800.00 Subtract line 2 from line 1 Multiply line 3 by .01 Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$1,319.00 Interest charge. Enter the amount from line 4, space Q, page 8 0.00 TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 FILING FEE AND TOTAL REMITTANCE DUE Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$52.00 Filling Fee (See the instructions for more information on filing fee calculations) \$15.00

Accounting Period:	2024/2 FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC SYSTEM ID# 62017
M Channels	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations 333 and nonbroadcast services.
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Scott Roe Telephone 785-625-7070
	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	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 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: 02/19/2025

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.

Accounting Period: 2024/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 62017 **NEX-TECH LLC** 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-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ 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. **Interest Assessment** davs 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 * 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. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

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