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.

Γ

SA1-2E Short Form

Return completed workbook

STATEME	INT	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
Cable System General instruct in the first tab of	ctions	are located	08/22/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	'YY/(Period))	
		2018/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
•		20181	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full co	rporate title
Owner					
Owner		List any other name or names under which			
		If there were different owners during the a single statement of account and royalty fe		he last day of the accounting period should s ing period.	submit a
		Check here if this is the system's first filing	: If not, enter the system's ID number a	assigned by the Licensing Division.	63011
		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		
		(Number, street, rural route, apartment, or suite no	umber)		
		LENORA, KS 67645 (City, town, state, zip)			
<u> </u>		RUCTIONS: In line 1, give any busin		tify the business and operation of the	
С	names		2, give the mailing address of the	e system, if different from the address	s given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Hallio	NEX-TECH LLC	630
D	Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that ye as the "first community." Please use it as the first community on all future filings	d communities within unincorporated areas and including single ou list will serve as a form of system identification hereafter kno 5.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobilentified city.	ile home parks should be reported in parentheses below the
		STATE
First	CITY OR TOWN GALATIA	KS
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-	
Name	NEX-TECH LLC								630 [,]
E Secondary Transmission	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: Bott	pace E should on of television pay cable) in sp I (June 30 or D	l cover a and rac bace F, r becembe	Il categories of s lio broadcasts b not here. All the er 31, as the cas	secondar y your sy facts you e may be	/stem to subscri u state must be e).	ibers. Give those exis	information ting on the	
Service: Sub- scribers and Rates	down by categories of secondary each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Not	y transmission umber of billin ice at the rate harged for eac (Example: "\$ counts allowed in space E, th to their subsc e: Where an ir	service. gs in tha indicate ch catego 20/mth") for adva ie form li cribers. (ndividual	In general, you t category (the r d—not the numb ory of service. Ir . Summarize an ince payment. sts the categorie Give the number or organization	can con number of per of se nclude bo y standa es of sec of subso is receiv	npute the number of persons or org ts receiving sen- oth the amount of rd rate variation condary transmis- cribers and rate ring service that	er of subsc ganizations vice). of the char as within a ssion servi for each li falls unde	ribers in s charged ge and the particular rate ce that cable sted category r different	
	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.	able service to once again und has rate categ iers of service and rates, in th	addition ler "Serv ories for s that ind	al sets would be rice to additional secondary trans clude one or mo	include set(s)." smission	d in the count un service that are dary transmission	nder "Servi e different t ons), list th tion of the	ice to the from those nem, together service is	
	BLC	DCK 1 NO. OF	.				BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		23	24.95 l	PREMI	ERE		20	48.
	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 rai 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	te (not subscri hose services re two exceptic or facilities fur hit in which it is rate column. te charged by t your cable sy separate charg otion and inclu	ber) info that are ons: you nished to susually the cable stem fur ge was n de the ra	rmation with res not offered in co do not need to g o nonsubscriber billed. If any rat e system for eac nished or offere nade or establis	pect to a ombination give rate s. Rate in es are ch ch of the d during	on with any seco information con nformation shou narged on a vari applicable servi the accounting	ondary tran icerning (1 ild include iable per-p ces listed. period that	nsmission) services both the rogram basis, t were not	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERV	ICF	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			tion: Non-resid					
	• Pay cable • Pay cable—add'l channel	72.95		el, hotel nmercial			Sports Cinema	& Entertain. ax	13. 11.
	Fire protection		• Pay	cable			НВО		17.
	•Burglar protection		· ·	cable-add'l cha	nnel		Showti Starz!	me & TMC	14. 12.
	Installation: Residential First set	99.00		protection glar protection			Starz!	Encore	12.
	Additional set(s)			ervices:					
	FM radio (if separate rate) Converter		• Rec	connect		110.00			
	-								

ccounting Period:	2018/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Hamo	NEX-TECH LLC			6301
	PRIMARY TRANSMITTERS:			
G Primary	carried by your cable system FCC rules and regulations	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part-ti ne carriage of certain network progra	me basis under ms [sections
Transmitters: Television	substitute program basis, a Substitute Basis Stations	s explained in the next paragraph. With respect to any distant stations cules, regulations, or authorizations:		
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (t a substitute basis.		0,
	basis. For further information Column 1: List each station	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination	see page (v) of the general instructi program services such as HBO, ESP	ons. N, etc. Identify each
	"WETA-2" as the same on	d with a station according to its over-the the form. el number the FCC assigned to the tele	0	
	Column 3: Indicate in each	RC is channel 4 in Washington, D.C. case whether the station is a network	•	
		ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), o		· · ·
	5	erms, see page (iv) of the general instru	• •	is licensed by the
		n of each station. For U.S. stations, lisi dian stations, if any, give the name of t	•	
	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
ws as Necessary	KOOD	9	E	HAYS, KS
,	KAKE	10	N	WICHITA, KS
	кмтw	17	l	WICHITA, KS
	KSCW	23	I.	WICHITA, KS
	KSAS	24	Ν	WICHITA, KS
	KWCH-DT2	110	N-M	WICHITA, KS
	KAKE-DT2	180	N-M	WICHITA, KS
	KMTW-DT2	181	I-M	WICHITA, KS
	KSCW-DT3	182	I-M	WICHITA, KS
	KOOD-DT4	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
	KSAS-DT2	187	N-M	WICHITA, KS
	KOOD-DT3	189	E-M	HAYS, KS

LEGAL NAME O		UNDLE 3	TOTEM.					SYSTEM I 630
	st every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed inf paper SA1-2 fo Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C) it is carried by monitoring, to ormation about rm. dentify the call State whether the f the radio stat this by placing Give the station	y the sys be rece it the Co l sign of the static ion's sig g a chec n's locati	II-Band FM Carriage: Under C stem whenever it is received at ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s le station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KRSL KRSL	AM FM		RUSSELL, KS RUSSELL, KS					
(KDT	FM		BURDETT, KS					
	+							
			+					

Accounting Perio	od: 2018/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	NEX-TECH LLC							63011
<u> </u>	SUBSTITUTE CARRIAG	E: SPFCI	AL STATEME		G			
I	In General: In space I, ident substitute basis during the a	ify every no	nnetwork telev	ision program, broadcast by	/ a distant sta			
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	During the accounting per				isis anv noni	network telev	vision nroa	ram
Statement and				frouny, on a substitute bu	iolo, any nom			
Program Log	broadcast by a distant sta	UOT					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pa	age blank. If your answer is	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa				o program") t	hot during t		ina
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re							
	Do not use general categor	ries like "mo	ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live. ent	er "Yes." Otherwise enter '	"No."			
	Column 3: Give the call	sign of the	station broadd	asting the substitute progr	ram.			
				the community to which th			ne FCC or,	in
	the case of Mexican or Car			stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		when your sy		e program. O		, with the f	nonun
			e substitute pr	ogram was carried by you	r cable syste	m. List the ti	mes accura	ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m.	should be	-
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n was substituted for pres	romming the	t vour ovotor		virad
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976	•	, ,			0		
						N SUBSTIT		
	S		E PROGRAM		-	AGE OCCL		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM –		DELETION
		100 01 110			7410 0711		10	
							-	
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							-	·
						_	_	
						_	_	
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							-	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	S	YSTEM ID# 63011
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	3,399.53 Iss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for	this six-mon	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	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 \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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 the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF	OWNER OF CABLE SYSTEM: C				SYSTEM ID# 63011
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota	s, and (2) the cable system's t I number of channels on which	total numbers		od.	17
	and nonbroad	cast services				541
N Individual to Be Contacted	we can contact	about this statement of accour		RMATION IS NEEDED (Identify an individual to who		705 005 7070
for Further Information	Name	Scott Roe			Telephone	785-625-7070
	Address 	2418 Vine Street (Number, street, rural route, apartu Hays, KS 67601 (City, town, state, zip) sroe@nex-tech				
			1.0011			
O Certification	I, the undersign (Own (Ager in X (Offic in the undersign	ed, hereby certify that (Check of er other than corporation or p at of owner other than corpora- line 1 of space B and that the of cer or partner) I am an officer (line 1 of space B. d the statement of account and te, and correct to the best of my	one, <i>but onl</i> partnership ation or pa owner is no (if a corpora I hereby de	ified and signed in accordance with Copyright Office <i>y one</i> , of the boxes.) b) I am the owner of the cable system as identified in artnership) I am the duly authorized agent of the own t a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity clare under penalty of law that all statements of fact c e, information, and belief, and are made in good faith	line 1 of space I er of the cable s identified as ow	system as identified ner of the cable system
				/s/ Rhonda S. Goddard	ement.	
		Typed or printed	d name:	Rhonda S. Goddard		
		Title: (Title of o		Financial Officer		
		Date:		08/20/20)18	

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ounting Period: 2018/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
X-TECH LLC	6301
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
	_
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - 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 x - (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> 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 ser	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - 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 x - (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> 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 ser	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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