

This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1). If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E
Short Form

STATEMENT OF ACCOUNT
for Secondary Transmissions by
Cable Systems (Short Form)

General instructions are located
in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
8-20-19	\$
	ALLOCATION NUMBER

Return completed
workbook by email to:

copicusa@ks.gov

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

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY)(Period))
	<p>2020/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31</p> <p>2019/1 Barcode Data Filing Period (optional - see instructions)</p>
B Owner	<p>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.</p> <p>List any other name or names under which the owner conducts the business of the cable system.</p> <p>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.</p> <p>Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.</p>
	<p>62955</p>
	<p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</p>
	<p>NEX-TECH LLC</p>
	<p>BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)</p>
	<p>MAILING ADDRESS OF OWNER OF CABLE SYSTEM</p> <p>145 N MAIN LEWIS, 1900, 4th floor, apartment 401 (suite 401A) LEWISIA, KS 67645 202.228.2222</p>
C System	<p>INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the names already appear in space 2. In line 2, give the mailing address of the system, if different from the address given in space 1.</p>
	<p>1 IDENTIFICATION OF CABLE SYSTEM:</p>
	<p>2 MAILING ADDRESS OF CABLE SYSTEM:</p> <p>145 N MAIN LEWIS, 1900, 4th floor, apartment 401 (suite 401A) LEWISIA, KS 67645 202.228.2222</p>
<p>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 each 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. Throughout PII, you are deemed to have made use of it to establish and maintain a public record which includes accessions in the Office's public indexes and in search results or material for the public. The effect of not providing the PII requested is that it may compromise the Office's statement of account and its placement in the completed record of accounts of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.</p>	

Accounting Period: 2019/1

FORM SA1-2E, PAGE 1B.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	NEX-TECH LLC	
	SYSTEM ID#	
	62955	
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC	
	rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including	
	single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification	
	hereafter known as the "first community." Please use it as the first community on all future filings.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the	
	identified city.	
Area Served		
	CITY OR TOWN	STATE
	RUSSELL	KS
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Add Rows as Necessary

Accounting Period: 2019/1

FORM SA1-2E, PAGE 1B.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
	NEX-TECH LLC		62955
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.		
		CITY OR TOWN	STATE

Accounting Period: 2019/1


FORM SA-3E PAGE 3

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM	SYSTEM ID#			
	NEX-TECH LLC	62955			
E Secondary Transmission Service: Sub- scribers 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 transmission 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 owners 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: "\$30/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 has sets 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 sets". Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 for example, sets 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.				
	BLOCK 1		BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
• Service to first set	972	30.00	PREMIERE	791	46.00
• Service to additional sets					
• 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 regard 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 1		BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	76.00	• Motel, hotel		Sports & Entertain	13.95
• Pay cable—add'l channel		• Commercial		Comets	11.95
• Fire protection		• Pay cable		HBO	17.95
• Burglar protection		• Pay cable—add'l channel		Showtime & TMC	14.95
Installation: Residential		• Fire protection		Starz! Encore	12.95
• First set	99.00	• Burglar protection			
• Additional sets	318.00	• Other services:			
• FM radio (if separate rate)		• Reconnect	30.00		
• Converter		• Disconnect			
		• Outlet relocation	110.00		
		• Move to new address	99.00		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM		SYSTEM ID#	
	NEX-TECH LLC		62955	
G	PRIMARY TRANSMITTERS: TELEVISION			
	<p>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, 1991, permitting the carriage of certain network programs (Sections 76.53d(i)(2) and (4), 76.611a(i)(2) and (4), or 76.8.3 referred to as 76.611a(i)(2) and (4); and (2) certain stations carried on a substitute basis under FCC rules, regulations, or authorizations.</p> <p>* 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.</p> <p>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 (iv) of the general instructions.</p> <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multichannel system associated with a station according to its over-the-air designation. For example, report multichannel "WETA-2" as the same on the form.</p> <p>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.</p> <p>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), "E-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-Z form.</p> <p>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.</p>			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNK	2	N	GREAT BEND, KS
	KBSH	7	N	HAYS, KS
	KOOD	9	E	HAYS, KS
	KAKE	10	N	WICHITA, KS
	KMTW	17	I	WICHITA, KS
	KSCW	23	I	WICHITA, KS
	KSAS	24	N	WICHITA, KS
	KWCH-DT2	110	N-M	WICHITA, KS
	KAKE-DT2	190	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
	KSCW-DT4	190	I-M	WICHITA, KS

ADD ROWS AS NECESSARY

Accounting Period: 2019/1		FORM 941-SS, PAGE 4
Name	NEW TECH LLC	SYSTEM ID# 62955
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you enter in this space determines the form you file and the amount you owe. Enter the total of all payments received from customers for the accounting period in the space provided on the form for the accounting period. Do not include in space D) during the accounting period. For a further explanation of how to compute this amount, see item 1(a) of the general instructions included in the cover S-11 form. Gross receipts from distributors for non-refundable pre-paid contracts during the accounting period: IMPORTANT: You must complete a statement in space F concerning gross receipts.	\$ 162,574.67
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: * Complete block 7 (line 2) or block 8. * Use block 7 if the amount of gross receipts in space K is \$107,100 or less. * Use block 8 if the amount of gross receipts in space K is more than \$107,100 but less than \$207,600. * Use block 9 if the amount of gross receipts in space K is more than \$207,600 but less than \$527,600. See item 1(a) of the general instructions for details on items 1(a), 7 items for more information.	
BLOCK 7: GROSS RECEIPTS OF \$107,100 OR LESS		
Instructions: An e-cubin system with gross receipts of \$107,100 or less, the royalty fee that you must pay for this six-month accounting period is \$22.50.		
Line 1: Royalty fee for accounting period		
Line 2: Interest charge. Enter the amount from line 4, space C, page 8		
Line 3: TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
BLOCK 8: GROSS RECEIPTS OF MORE THAN \$107,100 BUT LESS THAN \$107,100		
1. Enter the amount under royalty formula		
2. Enter amount under statutory formula		
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 C, page 8		
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
BLOCK 9: GROSS RECEIPTS OF MORE THAN \$107,100 BUT LESS THAN \$207,600		
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. Multiply the on the line 5 (\$207,600) of gross receipts (enter number here)		
6. Interest charge. Enter the amount from line 4, space C, page 8		
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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2 or 3 above)	\$ 308.75
	2. Filing Fee (See the instructions for more information on filing fee calculation)	\$ 20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$ 328.75
Important: Your remittance must be in the form of an electronic payment payable to the Registrar of Copyright of See page 1 of the general instructions in the paper S-11 form for more information.		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM NEK-TECH LLC	SYSTEM ID# 62965
M Channels	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 <input type="text" value="18"/> 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services <input type="text" value="343"/>	
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: <u>Scott Roe</u> Telephone: <u>785-625-7070</u> Address: <u>2418 Vine Street</u> <small>(Provide street, rural route, apartment, or suite number)</small> <u>Hays, KS 67601</u> <small>(City, town, or apt)</small> Email: <u>scott.roe@comcast.net</u> Fax to: _____	
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 not one of the boxes). <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B or <input type="checkbox"/> (Owner of cable system through incorporation or partnership) I am the authorized representative 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 <input checked="" type="checkbox"/> (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, correct, and based on the best of my knowledge, information, and belief, and are made in good faith. <small>(18 U.S.C. Section 1001 (b)(6))</small> <p style="text-align: center;">X /s/ Rhonda S. Goddard</p>  Enter an electronic signature on the line above to certify this statement. Enter signature using an "A" signature" (e.g., A/John Smith) Typed or printed name: <u>Rhonda S. Goddard</u> Title: <u>Chief Financial Officer</u> Date: _____ <small>02/26/2019</small>	

Privacy Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the non-proprietary information (PI) requested on this form in order to generate the statement of account (SOA) or ancillary information that can be used to identify or trace an individual, such as name, address and telephone number. The resulting SOA was developed in the public use of a free, publicly available, web-based system in the Public Notice Indicators and Search Reports prepared for the public. The Office of the Copyright Office (CO) is committed to the privacy of the information provided on this statement of account and to the complete record of statements of account, and it ensures the legal sufficiency of the file, a determination that would be made by a court of law.

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS

The Satellite Home Viewer Act of 1988 amended Title 17, section 1116(b)(3)(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 transmissions, 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 (vi) 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.

Line 1 Enter the amount of late payment or underpayment: _____ Interest Assessment

Line 2 Multiply line 1 by the interest rate* 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, (space 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.

** This is the decimal equivalent of 0.085, 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 shown in the original filing.

Owner: _____

Address: _____

ID number: _____

First community served: _____

Accounting period: _____

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