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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 8-20-19 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

| A | ACCO | DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) | |
|----------------------|------|---|-------|
| | | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 | |
| | | 20191 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. | 63013 |
| | | | |
| | | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | |
| | | | |
| | | 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 | | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us 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: | |
| | | 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.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|----------------------|---|---|
| | NEX-TECH LLC | 63013 |
| D | Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I as the "first community." Please use it as the first community on all future filings. | ommunities within unincorporated areas and including single, ist will serve as a form of system identification hereafter known |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or mobile lidentified city. | nome parks should be reported in parentheses below the |
| | | |
| | CITY OR TOWN | STATE |
| First | PRAIRIE VIEW | KS |
| Community | | |
| dd Rows as Necessary | | |
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| | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM | | | | | FORM SA1 | TEM II |
|--|--|---|---|---|--|--|--|------------------|
| Name | NEX-TECH LLC | BLE OF OF LIM. | | | | | 010 | 630 ⁻ |
| E Secondary Transmission Service: Sub- scribers and Rates | SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic 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 systems most commonly provide | pace E should on of television way cable) in sp I (June 30 or D n blocks in space y transmission umber of billing ice at the rate i harged for eac . (Example: "\$2 counts allowed in space E, the | cover all categor and radio broadd ace F, not here ecember 31, as t ce E call for the n service. In gener s in that category ndicated—not the h category of ser 20/mth"). Summa for advance payn e form lists the ca | es of secondar sasts by your sy All the facts you ne case may be umber of subso al, you can com v (the number of sel vice. Include bo rize any standa nent. tegories of sec | state must be the number of persons or orguts receiving serviolation the amount or rd rate variations ondary transmiss | pers. Give i hose existin ole system, r of subscri anizations (ce). f the charge s within a p sion service | nformation ng on the broken bers in charged e and the articular rate e that cable | |
| | 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 I printed in block 1 (for example, ti with the number of subscribers a sufficient. | Where an ind should be cour able service to a proce again und has rate catego iers of services and rates, in the | dividual or organi nted as a subscril additional sets wo er "Service to ado pries for seconda that include one | zation is receiv per in each app puld be included ditional set(s)." ry transmission or more secon | ing service that f licable category. d in the count un- service that are dary transmissio | alls under of Example: der "Servic different fro ns), list the on of the se | different a residential e to the om those m, together ervice is | |
| | BLO | OCK 1 NO. OF | | | | BLOCK | 2 NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIB | | CAT | EGORY OF SEF | RVICE | SUBSCRIBERS | RAT |
| | Residential: • Service to first set | | 48 30 | .00 PREMI | ERE | | 39 | 46. |
| | Service to additional set(s)FM radio (if separate rate) | | | | | | | |
| | Motel, hotel Commercial | | | | | | | |
| | Converter | | | | | | | |
| | Residential | | | | | | | |
| | Non-residential | | | | | | | |
| F Services Other Than Secondary ransmissions: 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 a amount of the charge and the un 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 subscrib hose services t e two exceptio or facilities furm it in which it is rate column. te charged by tt your cable sys separate charg otion and includ | er) information w hat are not offerent ished to nonsubs usually billed. If a he cable system stem furnished or e was made or e le the rate for eace | ith respect to a ed in combination ed to give rate coribers. Rate in any rates are character for each of the offered during stablished. List | on with any seco information cond nformation should narged on a varia applicable servic the accounting p | ndary trans cerning (1) d include b able per-pro ces listed. ceriod that v | emission services oth the ogram basis, were not | |
| | | BLO | | | DATE | CATEO | BLOCK 2 | |
| | CATEGORY OF SERVICE Continuing Services: | RATE | CATEGORY OF Installation: No | | RATE | CATEGO | DRY OF SERVICE | RA |
| | • Pay cable | 76.00 | • Motel, hotel | | | Sports | & Entertain. | 13 |
| | • Pay cable—add'l channel | | Commercial | | | Cinema | X | 11 |
| | Fire protection | | Pay cable | | | HBO | | 17 |
| | •Burglar protection | | Pay cable-ac | | | | ne & TMC | 14. 12 |
| | | | Fire protection | | | Starz! E | | 12 |
| | Installation: Residential | 00.00 | Burglar prote | | | | | |
| | First set | 99.00 110.00 | Burglar prote Other services: | | | | | |
| | First setAdditional set(s) | 99.00 110.00 | Burglar prote Other services: Reconnect | | 30.00 | | | |
| | First set | | Other services: | | 30.00 | | | |

| | 2019/1 | | | FORM SA1-2E. PAGE |
|---------------------------------|---|---|---|--|
| ame | LEGAL NAME OF OWNER O | F CABLE SYSTEM: | | SYSTEM II |
| | NEX-TECH LLC | | | 630 |
| G mary mitters: vision | carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location | entify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations: re in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the | (1) stations carried only on a part- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su- ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial education totions in the paper SA1-2 form. the community to which the station | time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. .PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the |
| | 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 |
| ecessary | KSNK | 8 | N | McCOOK, NE |
| | KOOD | 9 | E | HAYS, KS |
| | KAKE | 10 | N | WICHITA, KS |
| | KHGI | 13 | N | KEARNEY, NE |
| | | • | - | |
| | IKMTW | 1/ | | WICHITA, KS |
| | KMTW KSCW | 17 | | WICHITA, KS WICHITA, KS |
| | KSCW | 23 | I | WICHITA, KS |
| | KSCW KSAS | 23 24 | ı N | WICHITA, KS WICHITA, KS |
| | KSCW KSAS KWCH-DT2 | 23 24 110 | I N N-M | WICHITA, KS WICHITA, KS WICHITA, KS |
| | KSCW KSAS KWCH-DT2 KAKE-DT2 | 23 24 110 180 | I N N-M N-M | WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS |
| | KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 | 23 24 110 180 181 | I N N-M N-M I-M | WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS |
| | KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 | 23 24 110 180 181 182 | I N N-M N-M I-M I-M | WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS |
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| | KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT4 KSCW-DT2 | 23 24 110 180 181 182 183 183 184 | I N N-M I-M I-M E-M I-M | WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS |
| | KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT4 KSCW-DT2 KSAS-DT3 | 23 24 110 180 181 182 183 183 184 185 | I N N-M I-M I-M E-M I-M N-M | WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS |
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| | KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT4 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT2 | 23 24 110 180 181 182 183 183 184 185 186 186 187 | I N N-M N-M I-M I-M E-M I-M N-M I-M N-M | WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS |
| | KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT4 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT3 | 23 24 110 180 181 182 183 183 184 185 185 186 187 189 | I N N-M N-M I-M I-M E-M I-M N-M I-M N-M E-M | WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS |
| | KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT4 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT2 | 23 24 110 180 181 182 183 183 184 185 186 186 187 | I N N-M N-M I-M I-M E-M I-M N-M I-M N-M | WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS |
| | KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT4 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT3 | 23 24 110 180 181 182 183 183 184 185 185 186 187 189 | I N N-M N-M I-M I-M E-M I-M N-M I-M N-M E-M | WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS |

| Accounting I | | | | | | | FORM | I SA1-2E. PAGE |
|--|--|---|---|---|--|--|--|-----------------------------------|
| LEGAL NAME O | | ABLE S | YSTEM: | | | | | SYSTEM ID |
| | | | | | | | | 6301 |
| n General: Lis | | tation ca | arried on a separate and disc nerally receivable by your cal | | | | | н |
| eceivable if (1 on the basis of For detailed inf paper SA1-2 for Column 1: I Column 2: S Column 3: I ignal, indicate Column 4: C |) it is carried by monitoring, to formation abou orm. Identify the call State whether t if the radio stat this by placing Give the statior | y the sys be rece t the Co sign of he statio ion's sig g a chec n's locati | II-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. inal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the | at the system's he system's FM anto this point, see pa sed by the cable s he station is licen | eadend, and (2 enna, during o ge (v) of the g system as a se sed by the FC | 2) it can ærtain st general i eparate | be expected, ated intervals. nstructions in the. and discrete | Primary Transmitters: Radio |
| | 1 | | | | 1 | 1 | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
| | FM | | NORTON, KS | | | | | |
| KDT | FM | | BURDETT, KS | | | | | |
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| Accounting Perio | od: 2019/1 | | | | | | FORM | A SA1-2E. PAGE 5. |
|----------------------|---|---------------|-------------------|--|-----------------|-------------------|------------|-------------------|
| - | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | | SYSTEM ID# |
| Name | NEX-TECH LLC | | | | | | | 63013 |
| | | | | | • | | | |
| | SUBSTITUTE CARRIAGE | | | | | | | |
| I | In General: In space I, identi | | | | | | | |
| | substitute basis during the ac explanation of the programm | | | | | | | |
| Substitute | | | | | e general insu | | | 2 101111. |
| Carriage: Special | 1. SPECIAL STATEMENT | | | | | | | |
| Statement and | During the accounting period | - | r cable system | carry, on a substitute basi | s, any nonnel | twork televisio | n program | |
| Program Log | broadcast by a distant stat | tion? | | | | | YES | X NO |
| | Note: If your answer is "No' | . leave the | rest of this pag | e blank. If vour answer is | "Yes." vou mu | ist complete th | ne program | า |
| | log in block 2. | , | | , , | , , , , | | | |
| | 2. LOG OF SUBSTITUTE | | MS | | | | | |
| | In General: List each subst | | | te line. Use abbreviations | wherever pos | sible. if their m | neaning is | |
| | clear. If you need more spa | | | | | | J | |
| | | | | sion program ("substitute | | | | |
| | period, was broadcast by a | | | | | | | |
| | under certain FCC rules, reg Do not use general categori | | | | | | | • |
| | "NBA Basketball: 76ers vs. | | vies of Daske | toali. List specific program | Tulles, IOF exa | ampie, i Love | Lucy of | |
| | | | dcast live, enter | r "Yes." Otherwise enter "N | lo." | | | |
| | Column 3: Give the call s | sign of the s | station broadca | sting the substitute progra | m. | | | |
| | | | | e community to which the | | | CC or, in | |
| | the case of Mexican or Can | | | community with which the tem carried the substitute | | | h tha man | th |
| | first. Example: for May 7 giv | , | when your sys | | program. Use | numerais, wit | n the mon | ui |
| | | | e substitute pro | gram was carried by your | cable system. | List the times | accuratel | v |
| | to the nearest five minutes. | | | | | | | , |
| | stated as "6:00–6:30 p.m." | - | | | | | | |
| | | | | was substituted for progra | | | | |
| | to delete under FCC rules a was substituted for program | | | | | | | am |
| | effect on October 19, 1976. | inning that y | our system wa | | r i cc iules a | nu regulations |) II I | |
| | | | | | | | | |
| | | | | | WHE | N SUBSTITU | JTE | |
| | S | UBSTITUT | E PROGRAM | | CARRI | AGE OCCUF | RRED | 7. REASON FOR |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | 6. TIM | | DELETION |
| | | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM — | TO | |
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| Accounting Period: | 2019/1 | FORM S | A1-2E. PAGE 6 |
|------------------------------------|--|---------------------------------------|--------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC | S | SYSTEM ID 63013 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. I 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 the 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. | smission servi s amount, see \$ | ce |
| 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 | | |
| | 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 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 informa | | ghts! |

| Accounting Period: | 2019/1 | FORM SA1-2E. PAGE 7 |
|------------------------------------|---|---------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC | SYSTEM ID# 63013 |
| 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 2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services | 20 345 |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) | |
| for Further Information | 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, <i>but only one</i>, 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; (Agent 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 X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner 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)] K /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) | stem as identified |
| | Typed or printed name: Rhonda S. Goddard | |
| | Title: Chief Financial Officer (Title of official position held in corporation or partnership) | |
| | Date: 08/26/2019 | |

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 fing, a determination that would be made by a court of lave

| | FORM SA1-2E. PAGE |
|---|--|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM I |
| -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? X NO YES. Enter the total here and list the satellite carrier(s) below. | P Special Statement Concerning Gross Receipts Exclusion |
| | |
| Name Mailing Address Name Mailing Address 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 Assessme |
| x | Interest Assessme |
| x Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
| x | |
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