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

STATEM	ENT	OF ACCOUNT	FOR COPYRIGHT OFFICE USE ONLY by email to:					
		ansmissions by	DATE RECEIVED	AMOUNT				
Cable Syste General instru in the first tab	ems (S	Short Form)	08/20/2020	Coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150				
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))				
		2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
		20201	Barcode Data Filing Period (optiona	al - see instructions)				
Accounting Period		20201						
В		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co	-	sidiary of another corporation, give the full co	orporate title			
Owner		List any other name or names under which	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	g. If not, enter the system's ID number	assigned by the Licensing Division.	27797			
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM	I				
		NEX-TECH LLC						
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFEREN	Γ)				
			· · · ·					
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM					
		145 N MAIN (Number, street, rural route, apartment, or suite n	umber)					
		LENORA, KS 67645 (City, town, state, zip)						
<u>^</u>	INST		less or trade names used to ide	ntify the business and operation of th	e system unless these			
С		s already appear in space B. In line		ne system, if different from the addres				
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 Notic	ce: Sectio	n 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect t	the personally identifying information (PII) requ	ested 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.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	NEX-TECH LLC	27797
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all futur Note: Entities and properties such as hotels, apartments, condominiums,	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter know e filings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	COURTLAND	KS
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	
Name	NEX-TECH LLC		•					010	2779
E	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable	
	system, that is, the retransmission	-		-		•			
Secondary	about other services (including p	, , ,	,		,		those exist	ting on the	
Transmission	last day of the accounting period Number of Subscribers: Both						hle evetem	harlen	
Service: Sub- scribers and	down by categories of secondar	•							
Rates	each category by counting the n								
	separately for the particular serv							0	
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc	· · ·	,		y standa	rd rate variation	is within a	particular rate	
	Block 1: In the left-hand block				es of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			J. J		•			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	has rate categ	ories for	secondary trans	smission				
	printed in block 1 (for example, t					,		, 0	
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A two	o- or thre	e-word descript	tion of the	service is	
		OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	NO. OF SUBSCRIBERS	RAT	
	Residential:								
	Service to first set		110	30.00 I	PREMI	ERE		91	48.
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATES					
F	In General: Space F calls for ra	te (not subscri	ber) info	rmation with res	pect to a	Il your cable sy	stem's serv	vices that were	
	not covered in space E, that is, t								
Services	service for a single fee. There al furnished at cost or (2) services	•	2	•			0.	·	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
Fransmissions: Rates	Block 1: Give the standard rate Block 2: List any services that	• •				• •		were not	
Rates	listed in block 1 and for which a	• •			-	-	-		
	brief (two- or three-word) description and include the rate for each.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			tion: Non-resid	lential				
	• Pay cable	78.00		el, hotel				& Entertain.	13.9
	• Pay cable—add'l channel		-	nmercial			Cinema	ax	11.9
	Fire protection		-	cable			HBO		17.9
	•Burglar protection		-	cable-add'l cha	Innel			me & TMC	10.9
	Installation: Residential	00.00		protection			Starz!		12.9
	First set Additional set(s)	99.00		glar protection					
	Additional set(s) EM radio (if concrete rate)	110.00		services:		20.00			
	 FM radio (if separate rate) Converter 			connect connect		30.00			
									1
	Converter			let releastion		110.00			
				let relocation /e to new addres	20	110.00 99.00			

ounting Period: 2	-								
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM I 277					
	NEX-TECH LLC								
	PRIMARY TRANSMITTERS: TELEVISION								
Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and	also in space I, if the station was carried	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st rried by your cable system on a si the Special Statement and Program I both on a substitute basis and all	t-time basis under grams [sections tations carried on a ubstitute program n Log)—if the so on some other					
		on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr							
		d with a station according to its over-the-	-	-					
	Column 2: Give the chann	nel number the FCC assigned to the telev	vision station for broadcasting ove	er the air in its community					
		VRC is channel 4 in Washington, D.C. h case whether the station is a network s	station, an independent station, or	a noncommercial					
		ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), or		1),					
	For the meaning of these to	erms, see page (iv) of the general instruc	ctions in the paper SA1-2 form.	,					
		on of each station. For U.S. stations, list t adian stations, if any, give the name of th	,	, , , , , , , , , , , , , , , , , , ,					
	1. CALL SIGN	4. LOCATION OF STATION							
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION						
	KENC	2	N	CPEAT BEND KS					
	KSNC	2	N E	GREAT BEND, KS					
	KLNE	3	E	LEXINGTON, NE					
d Rows as Necessary	KLNE KSNB	3	E N	LEXINGTON, NE SUPERIOR, NE					
ł Rows as Necessary	KLNE KSNB KBSH	3 5 7	E N N	LEXINGTON, NE SUPERIOR, NE HAYS, KS					
l Rows as Necessary	KLNE KSNB KBSH KOOD	3 5 7 9	E N N E	LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS					
l Rows as Necessary	KLNE KSNB KBSH KOOD KGIN	3 5 7 9 11	E N N E N	LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE					
l Rows as Necessary	KLNE KSNB KBSH KOOD KGIN KHGI	3 5 7 9 11 13	E N N E N N	LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE					
l Rows as Necessary	KLNE KSNB KBSH KOOD KGIN KHGI KFXL	3 5 7 9 11 13 14	E N N E N N N	LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE					
1 Rows as Necessary	KLNE KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2	3 5 7 9 11 13 14 15	E N N E N N	LEXINGTON, NE SUPERIOR, NE HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE					
J Rows as Necessary	KLNE KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL	3 5 7 9 11 13 14 15 16	E N N E N N N	LEXINGTON, NE SUPERIOR, NE HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE					
1 Rows as Necessary	KLNE KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2	3 5 7 9 11 13 14 15	E N N E N N N	LEXINGTON, NE SUPERIOR, NE HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE					
l Rows as Necessary	KLNE KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL	3 5 7 9 11 13 14 15 16	E N N E N N N	LEXINGTON, NE SUPERIOR, NE HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE					
1 Rows as Necessary	KLNE KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL KSCW	3 5 7 9 11 13 14 15 16 23	E N N E N N N N N N I I	LEXINGTON, NE SUPERIOR, NE HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS					
ł Rows as Necessary	KLNE KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL KSCW KSAS	3 5 7 9 11 13 14 15 16 23 24	E N N E N N N N N N N N N N N N N N N N	LEXINGTON, NE SUPERIOR, NE HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS					
d Rows as Necessary	KLNE KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL KSCW KSAS KWCH-DT2	3 5 7 9 11 13 14 15 16 23 24 24 110	E N N N E N N N N N N N N N N N N N N N	LEXINGTON, NE SUPERIOR, NE HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS					
d Rows as Necessary	KLNE KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL KSCW KSAS KWCH-DT2 KOOD-DT3	3 5 7 9 11 13 14 15 16 23 24 24 110 183	E N N E N N N N N N N N N N N N N N N N	LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS					
d Rows as Necessary	KLNE KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3	3 5 7 9 11 13 14 15 16 23 24 110 183 186	E N N E N N N N N N N N N N N N N N N N	LEXINGTON, NE SUPERIOR, NE HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS					
d Rows as Necessary	KLNE KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KSAS-DT2	3 5 7 9 11 13 14 15 16 23 24 24 110 183 186 187	E N N E N N N N N I I I N N N M E-M N-M E-M N-M	LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS					
d Rows as Necessary	KLNE KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT2	3 5 7 9 11 13 14 15 16 23 24 110 183 186 187 189	E N N E N N N N N N N N E-M E-M	LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS					
d Rows as Necessary	KLNE KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT2	3 5 7 9 11 13 14 15 16 23 24 110 183 186 187 189	E N N E N N N N N N N N E-M E-M	LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS					
d Rows as Necessary	KLNE KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT2	3 5 7 9 11 13 14 15 16 23 24 110 183 186 187 189	E N N E N N N N N N N N E-M E-M	LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS					
d Rows as Necessary	KLNE KSNB KBSH KOOD KGIN KHGI KFXL KSNB-DT2 KWBL KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT2	3 5 7 9 11 13 14 15 16 23 24 110 183 186 187 189	E N N E N N N N N N N N E-M E-M	LEXINGTON, NE SUPERIOR, NE HAYS, KS HAYS, KS GRAND ISLAND, NE KEARNEY, NE LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS					

LEGAL NAME O		CADLE 3						SYSTEM I 277
	st every radio s	station ca	arried on a separate and discr 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 b monitoring, to formation abou- orm. dentify the call State whether to f the radio state 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 a 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. on (the community to which the the community with which the	t the system's he system's FM ant this point, see pa ed by the cable s he station is licen	eadend, and (2 enna, during c age (v) of the g system as a se sed by the FC	2) it can ertain st jeneral ii eparate :	be expected, ated 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	
		5,0		5. 12 51614		2,2		
KQMA KKDT	FM FM		PHILLIPSBURG, KS BURDETT, KS					
(REP	FM		BELLEVILLE, KS					
			,					
							·	
	+							
	+							

Accounting Perio	od: 2020/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	NEX-TECH LLC							27797
	SUBSTITUTE CARRIAG		AI STATEME	NT AND PROGRAM LC)G			
I	In General: In space I, ident substitute basis during the a	tify every no	nnetwork telev	ision program, broadcast by	y a <i>distant</i> sta			
Substitute	explanation of the programn	ning that mu	ist be included	in this log, see page (v) of t	he general in	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	riod, did you	ur cable syste	m carry, on a substitute ba	isis, any noni	network telev	vision prog	ram
Statement and Program Log	broadcast by a distant sta	-	-		-		YES	× NO
r rogram Log					"X "			
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you l	must comple	ete the prog	jram
	log in block 2. 2. LOG OF SUBSTITUT	E PROGRA	AMS					
	In General: List each subs	titute progra	am on a separ		s wherever p	ossible, if th	eir meaning	g is
	clear. If you need more spa				II) (•
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general catego	ries like "mo	ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	_ove Lucy"	or
	"NBA Basketball: 76ers vs.	Bulls."				•		
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		aanaad by th		in
	the case of Mexican or Car						le FCC or,	In
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:0 [,]	1:15 p.m. to 6	5:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour syster	m was <i>rea</i> u	uired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976					-		
	s	UBSTITUT	E PROGRAM	1		N SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	
							_	
							_	
						-	_	
						-	_	
						_	_	
							_	
							_	
							-	
1						-	-	

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	SI	/STEM ID# 27797
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 transmi (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.	ssion service mount, see	,167.87 ss 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 \$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.	63,800	
	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 t	his 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		52.00
	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		
	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		its!

Accounting Period:	2020/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OW NEX-TECH LLC	NER OF CABLE SYSTEM:				SYSTEM ID# 27797
M Channels	 to its subscribers, a Enter the total m system carried te Enter the total m on which the cable 	and (2) the cable system's tota umber of channels on which the levision broadcast stations umber of activated channels a system carried television broad	al numbe he cable 	on which the cable system carried televisio r of activated channels during the accounti	ng period.	18 341
N Individual to Be Contacted		E CONTACTED IF FURTHER out this statement of account.)		MATION IS NEEDED (Identify an individua	il to whom	
for Further Information	Name	Scott Roe			Telephone	785-625-7070
		2418 Vine Street Number, street, rural route, apartmer Hays, KS 67601 City, town, state, zip)	ent, or suite	number)		
	Email	sroe@nex-tech.co	om	Fax	(optional)	
O Certification	I, the undersigned (Owner of in line X (Officer in line I have examined til	, hereby certify that (Check one other than corporation or par f owner other than corporation e 1 of space B and that the owr or partner) I am an officer (if a e 1 of space B. ne statement of account and he and correct to the best of my kr	e, but only rtnership ion or pa ner is not a corpora ereby dec nowledge	ied and signed in accordance with Copyrig one, of the boxes.)) I am the owner of the cable system as iden tnership) I am the duly authorized agent of a corporation or partnership; or tion) or a partner (if a partnership) of the lega lare under penalty of law that all statements , information, and belief, and are made in go	tified in line 1 of space the owner of the cable al entity identified as ow of fact contained herein	system as identified /ner of the cable system
		E	Enter an el	ectronic signature on the line above to certify ture using an "/s/ signature" (e.g., /s/ John Sn Rhonda S. Goddard		
			Chief F	inancial Officer held in corporation or partnership)		
		Date:		(08/24/2020	

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.

ounting Period: 2020/1	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
X-TECH LLC	2779
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 Assessmen
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	_
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	-
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.	-
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	-
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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 th 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.