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 by email to:

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
8/14/2024	\$
	ALLOCATION NUMBER

by email to.

coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20241 Barcode Data Filing Period (optional - see instructions)
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.
		Γ
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		NEX-TECH LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		145 N MAIN
		(Number, street, rural route, apartment, or suite number) LENORA, KS 67645
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System		IDENTIFICATION OF CABLE SYSTEM:
	1	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
	P	
Privacy Act Notice	. Santian	111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this
	. Section	

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 filing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II			
Name	NEX-TECH LLC	1149			
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "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 kno as the "first community." Please use it as the first community on all future filings.				
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	obile home parks should be reported in parentheses below the			
-		STATE			
First Community	BURR OAK	KS			
-					
Add Rows as Necessary					

								FORM SA1-	2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							515	114
	NEX-TECH LLC								11-4
_	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	IBERS AND RA	TES				
E	In General: The information in s	space E should	cover	all categories o	fseconda	•			
O a a mala ma	system, that is, the retransmissi								
Secondary Transmission	about other services (including particular about other services (including particular about the second services (including particular services (second services about the second services about the services about the second services about the services about the second services about the second services about the second services about the second services about the services about the second services about the services about the second services about the second services	. ,					those exis	sting on the	
Service: Sub-	Number of Subscribers: Bot	`				,	able syster	n, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged								
	separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the								
	unit in which it is generally billed	0						•	
	category, but do not include disc	counts allowed	for adv	ance payment.					
	Block 1: In the left-hand block	•		0					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	able service to	additior	nal sets would b	e include	•			
	first set" and would be counted of						- different	fuere these	
	Block 2: If your cable system	•		•					
	printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, toge with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is								
	sufficient.								
	BLC	OCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		56	30.00	DELUX	E		46	96
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				2				
_	In General: Space F calls for ra					all your cable sy	stem's ser	vices that were	
F	not covered in space E, that is,	those services	that are	e not offered in	combinati	on with any sec	condary tra	nsmission	
0	service for a single fee. There a								
Services Other Than	furnished at cost or (2) services								
Secondary	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.								
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	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) descri	•	-		sned. List	. these other se	rvices in tr	le form of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE		BLOCK 2 DRY OF SERVICE	RA
	CATEGORY OF SERVICE	RAIE		ation: Non-res		RATE	CATEGO	JRT OF SERVICE	RA
	Pay cable	96.00		tel, hotel	aontial		Sports	& Entertain.	13
	• Pay cable—add'l channel		4	mmercial			Cinema		11
	Fire protection		4	y cable			НВО		17
	•Burglar protection		1 .	y cable-add'l ch	annel			me & TMC	10
	Installation: Residential		1 .	e protection				SuperPak	8
	• First set	99.00		rglar protection			NFL Re		49
	Additional set(s)	130.00	4	services:					
	• FM radio (if separate rate)		4	connect		20.00			
	• Converter		4	connect					
			4	tlet relocation		130.00			
			1						
			• Mo	ve to new addr	ess	99.00			

unting Period: 2	-			FORM SA1-2E. PA				
Name		CABLE SYSTEM:	_	SYSTEM 114				
	NEX-TECH LLC							
		ILLEVISION entify every television station (including	translator stations and low power te	levision stations)				
G	carried by your cable syster	m during the accounting period, except	t (1) stations carried only on a part-ti	me basis under				
Primary	5	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a						
ansmitters: Felevision	substitute program basis, as	s explained in the next paragraph. : With respect to any distant stations ca						
CICTISICI	basis under specific FCC ru	les, 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 (tl a substitute basis.	he Special Statement and Program	Log)—If the				
		also in space I, if the station was carried on concerning substitute basis stations,						
	Column 1: List each station	n's call sign. <i>Do not</i> report origination p	program services such as HBO, ESP	N, etc. Identify each				
	multicast stream associated "WETA-2" as the same on t	d with a station according to its over-the the form.	e-air designation. For example, repo	ort multistream				
		el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C.	vision station for broadcasting over	the air in its community				
	Column 3: Indicate in each	case whether the station is a network	•					
	-	ring the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), c	, , , , ,					
	For the meaning of these te	erms, see page (iv) of the general instru	uctions in the paper SA1-2 form.					
		n of each station. For U.S. stations, list dian stations, if any, give the name of tl	-	-				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KSNC	2	N	GREAT BEND, KS				
	KLNE	3	E	LEXINGTON, NE				
ws as Necessary	KSNB	5	Ν	SUPERIOR, NE				
	KBSH	7	N	HAYS, KS				
	KOOD	9	E	HAYS, KS				
	KAKE-DT1	10	Ν	WICHITA, KS				
	KGIN	11	Ν	GRAND ISLAND, NE				
	KHGI	13	Ν	KEARNEY, NE				
	KFXL	14						
		14	N	LINCOLN, NE				
	KSNB-DT2	14	N N-M	LINCOLN, NE LINCOLN, NE				
	KSNB-DT2 KCWH							
		15		LINCOLN, NE				
	КСШН	15 16		LINCOLN, NE LINCOLN, NE				
	KCWH KSCW	15 16 23	N-M I I	LINCOLN, NE LINCOLN, NE WICHITA, KS				
	KCWH KSCW KSAS	15 16 23 24	N-M I I N	LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS				
	KCWH KSCW KSAS KWCH-DT2	15 16 23 24 110	N-M I I N N-M	LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS				
	KCWH KSCW KSAS KWCH-DT2 KWCH-DT4	15 16 23 24 110 182	N-M I I N N-M N-M	LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS				
	KCWH KSCW KSAS KWCH-DT2 KWCH-DT4 KOOD-DT3	15 16 23 24 110 182 183	N-M i N N-M N-M E-M	LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS				
	KCWH KSCW KSAS KWCH-DT2 KWCH-DT4 KOOD-DT3 KSAS-DT3	15 16 23 24 110 182 183 185	N-M I N N-M N-M E-M N-M	LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS				
	KCWH KSCW KSAS KWCH-DT2 KWCH-DT4 KOOD-DT3 KSAS-DT3 KMTW-DT3	15 16 23 24 110 182 183 185 185 186	N-M I I N N-M N-M E-M N-M I-M	LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS				
	KCWH KSCW KSAS KWCH-DT2 KWCH-DT4 KOOD-DT3 KSAS-DT3 KMTW-DT3 KMTW-DT4	15 16 23 24 110 182 183 185 185 186 187	N-M I I N N-M N-M E-M E-M N-M I-M I-M	LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS				
	KCWH KSCW KSAS KWCH-DT2 KWCH-DT4 KOOD-DT3 KSAS-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2	15 16 23 24 110 182 183 185 185 186 187 189	N-M i i N N-M N-M E-M N-M i-M i-M i-M	LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS				
	KCWH KSCW KSAS KWCH-DT2 KWCH-DT4 KOOD-DT3 KSAS-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2 KSCW-DT4	15 16 23 24 110 182 183 185 185 186 187 189 190	N-M i i N N-M N-M E-M N-M i-M i-M i-M i-M	LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS				

counting Period:	2024/1			FORM SA1-2E. PAGE			
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	NEX-TECH LLC			1149			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	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, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections						
Primary ransmitters:	76.59(d)(2) and (4), 76.61(e substitute program basis, as	e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain stati	tions carried on a			
Television	basis under specific FCC ru • Do <i>not</i> list the station here	: With respect to any distant stations o ules, regulations, or authorizations: e in space G—but do list it in space I (
	 station was carried <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. 						
	multicast stream associated "WETA-2" as the same on t		ne-air designation. For example, repo	ort multistream			
	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial						
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.						
	Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	KSNC-DT2.2	195	N-M	GREAT BEND, KS			

LEGAL NAME O NEX-TECH I		CABLE S	YSTEM:						SYSTEM I 114
									114
	st every radio s	station ca	arried on a separate and disc nerally receivable by your ca						н
eceivable if (1) on the basis of or detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf 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 sign of the static ion's sig g a chec n's locati	I-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. nal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	at s s th	the system's he ystem's FM anten his point, see pa ed by the cable s e station is licen	adend, and (2 enna, during o ge (v) of the g system as a se sed by the FC	2) it can certain s general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
GALL SIGN		3,0	LOGATION OF STATION	┢	GALL SIGN		3/D		
KQMA	FM		PHILLIPSBURG, KS						
KKDT	FM		BURDETT, KS						
KREP	FM		BELLEVILLE, KS						
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Accounting Perio	od: 2024/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	NEX-TECH LLC							11496
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify every no.	<i>nnetwork televi</i> eriod, under sp	<i>sion program,</i> broadcast by ecific present and former F	y a <i>distant</i> sta CC rules, reg	ulations, or	authorization	ns. For a further
Substitute Carriage:		-			ne general ins			
Special	. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Program Log	og broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program						NO	
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	must comp	plete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE			ata lina. I lan akkun iatian		aasibla ifi	the sime as a mine	
	In General: List each subs clear. If you need more spa				s wnerever p	ossidie, it	their meaning	g is
	,			vision program ("substitut	e program") t	hat, during	g the account	ling
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pro	ogramming	g of another :	station
	under certain FCC rules, re	•						
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	T Love Lucy	or
			dcast live, ent	er "Yes." Otherwise enter	"No."			
		•		asting the substitute prog				
	Column 4: Give the broat the case of Mexican or Car		,	the community to which th		•	the FCC or,	in
				stem carried the substitute		,	als, with the r	nonth
	first. Example: for May 7 gi	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0	1:15 p.m. to b	5:28:30 p.n	n. snould be	
		er "R" if the	listed prograr	n was substituted for prog	ramming that	t your syst	em was <i>requ</i>	lired
	to delete under FCC rules a	and regulat	ions in effect d	luring the accounting perio	od; enter the l	etter "P" if	the listed pro	
	was substituted for program	•	your system w	as permitted to delete und	der FCC rules	s and regu	lations in	
	effect on October 19, 1976							
	S	UBSTITUT	E PROGRAM	1		N SUBST	CURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
			-					
							_	
							_	
							_	
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Accounting Period:	2024/1	FORM SA1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	SYSTEM ID# 11496					
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					
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 \$263,800 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. 						
	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 th accounting period is \$52.00	is 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	00)					
	1. Base amount under statutory formula						
	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) \$ 1,319.0	00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.0 2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.0	
	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 Register of Cop See page i of the general instructions in the paper SA1-2 form for more information.	vyrights!

2024/1			FORM SA1-2E. PAGE 7		
			SYSTEM ID# 11496		
CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . 339					
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)					
Name	Scott Roe	Telephone 785-625-7070)		
Address 	2418 Vine Street (Number, street, rural route, apartment, or suite number) Hays, KS 67601 (City, town, state, zip) sroe@nex-tech.com	Fax (optional)			
Email sroe@nex-tech.com Fax (optional) 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; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.					
	LEGAL NAME OF C NEX-TECH LLC CHANNELS Instructions: Yo to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca and nonbroadd INDIVIDUAL TO we can contact a Name Address Email CERTIFICATION • I, the undersigned Interview (Owned (Owned) (Owned) (Owned) (Owned) (Interview (Completed)	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable to its subscribers, and (2) the cable system's total number of activated channels 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEED we can contact about this statement of account.) Name Scott Roe Address 2418 Vine Street (Number, street, rural route, apartment, or suite number) Hays, KS 67601 (City, town, state, zip) Email sroe@nex-tech.com CERTIFICATION (This statement of account must be certified and signed in the in line 1 of space B and that the owner is not a corporation or partnership) 1 am the owner or (Owner other than corporation or partnership) 1 am the owner or (Agent of owner other than corporation or partnership) 1 am the in line 1 of space B. • I have examined the statement of account and hereby declare under penalty are true, complete, and correct to the best of my knowledge, information, and	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) Name Scott Roce Telephone 785-625-707(Address 2418 Vine Street (White, site, not induce, spartnext, or suite number) Hays, KS 67601 (Cay, tswn, site, not) Fax (optional) Email stoe@nex-tech.com Final stoe@nex-tech.com Final stoe@nex-tech.com * 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Fax (optional) * 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duy authorized agent of the cable system as identified in line 1 of space B and that the owne		

	X /s/ Rhonda S. Goddard
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed	name: Rhonda S. Goddard
	Chief Financial Officer icial position held in corporation or partnership)
Date:	08/15/2024

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.

unting Period: 2024/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
K-TECH LLC	1149
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.	P Special Statemen Concerning Gross Receipts Exclusio
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
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
	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	-
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, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
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