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.

8/14/2024

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2024/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	20241 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.	
	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	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 (Number, street, rural route, apartment, or suite number)	
	(City, town, state, zip code)	

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	NEX-TECH LLC	6297
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 future	"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	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	REPUBLIC	KS
Add Rows as Necessary		

Name E	LEGAL NAME OF OWNER OF C							010	TEM I 629
									029
Е									
	SECONDARY TRANSMISSION								
	In General: The information in s			•		•			
Secondary	system, that is, the retransmissi about other services (including provide the services)					•			
Transmission	last day of the accounting period	• •			•			9	
Service: Sub-	Number of Subscribers: Bot	•					-		
scribers and Rates	down by categories of secondar each category by counting the n	-							
Nates	separately for the particular serv		-	•••		•	-	scharged	
	Rate: Give the standard rate of	0						0	
	unit in which it is generally billed	· ·		,		ard rate variation	ns within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					condarv transm	ission serv	vice that cable	
	systems most commonly provide	•		•					
	that applies to your system. Not	e: Where an ir	ndividua	al or organizatio	on is receiv	ving service that	t falls unde	er different	
	categories, that person or entity					•			
	subscriber who pays extra for ca first set" and would be counted of						nder "Serv	lice to the	
	Block 2: If your cable system						e different	from those	
	printed in block 1 (for example,					•		•	
	with the number of subscribers a sufficient.	and rates, in th	e right-	hand block. A t	wo- or thre	ee-word descrip	tion of the	service is	
		DCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SEI		NO. OF SUBSCRIBERS	RA
	Residential:	SUBSCRIB	EKS	RAIE	CAT	EGORT OF SEI	RVICE	SUBSCRIBERS	RA
	Service to first set		34	30.00	DELUX	F		31	96
	Service to additional set(s)			00.00	DELOX			<u> </u>	
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ran not covered in space E, that is,	•			•	• •			
-	service for a single fee. There a								
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		s usually	y billed. If any r	ates are c	harged on a vai	riable per-p	orogram basis,	
ransmissions:	Block 1: Give the standard ra		the cab	le system for e	ach of the	applicable serv	vices listed.		
Rates	Block 2: List any services that	• •			-	-	•		
	listed in block 1 and for which a	•	-		lished. List	t these other se	rvices in th	ne form of a	
	brief (two- or three-word) descrip	ption and inclu	de the r	rate for each.					
		BLO						BLOCK 2	1
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:	06.00		ation: Non-res	acential		Sporto	& Entortain	13
	 Pay cable Pay cable—add'l channel 	96.00		otel, notel ommercial			Cinema	& Entertain.	13
	Pay caple—add i channel Fire protection			y cable			HBO	4	17
	Burglar protection			ly cable ly cable-add'l cl	nannel			me & TMC	10
	Installation: Residential			e protection				SuperPak	8
	• First set	99.00		rglar protection	1		NFL Re		49
	Additional set(s)	130.00		services:					
	• FM radio (if separate rate)			connect		20.00			
	, , ,								
	Converter		• Dis	sconnect					
	• Converter			sconnect Itlet relocation		130.00			

ounting Period: 2				FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		6297
		TFI FVISION		
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, Wite Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	n during the accounting period, except n effect on June 24, 1981, permitting (2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: e in space G—but do list it in space I (a substitute basis. also in space I, if the station was carrien n concerning substitute basis stations i's call sign. <i>Do not</i> report origination I with a station according to its over-the he form. I number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general insti- n of each station. For U.S. stations, list	g translator stations and low power tel of (1) stations carried only on a part-tin the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub (the Special Statement and Program L ed both on a substitute basis and also s, see page (v) of the general instructi- program services such as HBO, ESP ne-air designation. For example, repo levision station for broadcasting over t s station, an independent station, or a (for network multicast), "I" (for indepe- or "E-M" (for noncommercial education ructions in the paper SA1-2 form. Is the community with which the station in the community with which the station	me basis under ms [sections ions carried on a stitute program Log)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial indent), "I-M" onal multicast).
	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
ows as Necessary	KSNB	5	Ν	SUPERIOR, NE
	KBSH	7	N	HAYS, KS
	KSNK	8	Ν	MCCOOK, NE
	KOOD	9	Е	HAYS, KS
	KGIN	11	Ν	GRAND ISLAND, NE
	KHGI	13	Ν	KEARNEY, NE
	KFXL	14	N	LINCOLN, NE
	KSNB-DT2	15	l	LINCOLN, NE
	ксwн	16	I	LINCOLN, NE
	KSAS-DT2	17	N-M	WICHITA, KS
	KSCW	23	l	WICHITA, KS
	KSAS	24	Ν	WICHITA, KS
	KBSH-DT2	110	N-M	WICHITA, KS
	KGIN-DT3	180	N-M	GRAND ISLAND, NE
	KMTM-DT2	181	I-M	WICHITA, KS
	KOOD-DT3	183	E-M	HAYS, KS
	KSAS-DT2	185	N-M	WICHITA, KS
	KMTW-DT3	186	I-M	WICHITA, KS
	KHGI-DT3	187	I-M	KEARNEY, NE

LEGAL NAME O NEX-TECH I									SYSTEM I 629
	t every radio s	tation ca	arried on a separate and disc nerally receivable by your cal						н
Teceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing Sive the station	y the sys be rece it the Co sign of he statio ion's sig g a chec n's locati	I-Band FM Carriage: Under estem 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 to the community with which the	at sy th	the system's he vstem's FM ante is point, see pa d by the cable s station is licens	adend, and (2 enna, during o ge (v) of the g system as a se sed by the FC	2) it can ertain 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	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0		Ħ			5,0		
	FM		PHILLIPSBURG, KS						
	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							62978
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G			
I	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, regi	ulations, or	authorization	is. For a further
Substitute Carriage:		-			le general ins			
Special	 SPECIAL STATEMENT During the accounting per 					ootwork tol	lovision prog	rom
Statement and	C	•	al cable system	il carry, on a substitute ba	1515, any noni			
Program Log	broadcast by a distant sta	luon?					YES	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	jram
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subs			ata lina. Llea abbroviation	s whorover p	ossible if	their meaning	a io
	clear. If you need more spa				s wherever p			y 15
	Column 1: Give the title	of every no	onnetwork telev	vision program ("substitute	,	-		-
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	•						
	"NBA Basketball: 76ers vs.					oxampio,	Leve Lucy	
				er "Yes." Otherwise enter				
		•		asting the substitute prog the community to which th		censed by	the FCC or	in
	the case of Mexican or Car		,			•		
			when your sy	stem carried the substitute	e program. U	se numera	als, with the n	nonth
	first. Example: for May 7 giv		o substituto nr	ogram was carried by you	r cable syste	m list the	times accur	ately
	to the nearest five minutes.			• • • •	•			atery
	stated as "6:00–6:30 p.m."				·			
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976	•	,					
	S	UBSTITUT	E PROGRAM	1		N SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
							_	
							_	
								
							_	
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							_	
1	1		1		1.1			1

Accounting Period:	: 2024/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	SYSTEM ID# 62978
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amount 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.	on 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 \$263,8 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. 	300
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this siz accounting period is \$52.00	k-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 \$137,100)	
	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	
	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) \$ 52.00 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	7.00
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights! See page i of the general instructions in the paper SA1-2 form for more information.	

Accounting Period:	2024/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF (NEX-TECH LL)	DWNER OF CABLE SYSTEM:		SYSTEM ID# 62978
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota on which the ca	bu must give (1) the number of channels on which the cal s, and (2) the cable system's total number of activated ch I number of channels on which the cable television broadcast stations	annels during the accounting period.	22 39
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEE about this statement of account.)	DED (Identify an individual to whom	
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) sroe@nex-tech.com	Fax (optional)	
O Certification	 I, the undersigned (Owned) (Owned) (Agen in in	(This statement of account must be certified and signed i ed, hereby certify that (Check one, <i>but only one</i> , of the boxe er other than corporation or partnership) I am the owner of t of owner other than corporation or partnership) I am the owner of time 1 of space B and that the owner is not a corporation or p er or partner) I am an officer (if a corporation) or a partner line 1 of space B. d the statement of account and hereby declare under penalty e, and correct to the best of my knowledge, information, and	n accordance with Copyright Office regulations) s.) of the cable system as identified in line 1 of space B; or e duly authorized agent of the owner of the cable system as identified artnership; or if a partnership) of the legal entity identified as owner of the cable syste of law that all statements of fact contained herein	em

	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
	6297
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	~
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	Interest Assessme
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme

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.