

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (June 2014)	FOR FCC USE ONLY
FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS		FOR COMMISSION USE ONLY FILE NO. BOA-20120214ABG

Section I - General Information

1.	Legal Name of the Respondent FRIENDS OF CHRISTIAN RADIO, INC.		
	Street Address (1) 86 SEVEN MILE DRIVE		
	Street Address (2) P O BOX 931		
	City GLEN DIVE	State or Country (if foreign address) MT	ZIP Code 59330 - 0931
	Telephone Number (include area code) 4063773331	E-Mail Address (if available) KGLED@MIDRIVERS.COM	
	FCC Registration Number: 0003728276	Call Sign KGLE	Facility ID Number 11016
2.	Contact Representative DIANE ODENBACH		Firm or Company Name FRIENDS OF CHRISTIAN RADIO, INC.
	Street Address (1) 86 SEVEN MILE DRIVE		
	Street Address (2) P O BOX 931		
	City GLEN DIVE	State or Country (if foreign address) MT	ZIP Code 59330 - 0931
	Telephone Number (include area code) 4063773331	E-Mail Address (if available) KGLED@MIDRIVERS.COM	
3.	Nature of Respondent (See Instructions for definitions) <input checked="" type="radio"/> Licensee <input type="radio"/> Permittee <input type="radio"/> Entity with an attributable interest		
4.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input checked="" type="radio"/> Other <input type="radio"/> Other <input type="radio"/> N/A (Fee Required)		
5.	All of the information furnished in this Report is accurate as of 10/01/2011 <i>(Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)</i>		
6.	Purpose: This Report is filed for: (choose one)		
	a. <input checked="" type="radio"/> Biennial	b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)	

c. Transfer of Control or Assignment of License/Permit

d. Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station.

e. Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)

f. Amendment to a previously filed Ownership Report File Number: -

If an Amendment, **submit as an Exhibit** a listing by Section and Question Number [Exhibit 1][Exhibit 1]
the portions of the previous Report that are being revised.]

7. Licensee and Station Information. The stations listed below are all licensed to the following person or entity:

Licensee Name	Licensee's FCC Registration Number (FRN)
FRIENDS OF CHRISTIAN RADIO, INC.	0003728276

Station List

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service

8. Respondent is:

<input type="radio"/> Sole Proprietorship	<input checked="" type="radio"/> Not-for-profit corporation	<input type="radio"/> Limited partnership
<input type="radio"/> For-profit corporation	<input type="radio"/> General partnership	<input type="radio"/> Other

If "Other," describe nature of the Respondent in an Exhibit. [Exhibit 2][Exhibit 2]

Section II-B - Biennial Ownership Information

1. Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, or Respondents with a majority interest in or that otherwise exercise de facto control over the subject Licensee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/JSA or network affiliation agreements.

Not Applicable

[Enter Contract Information]

[Enter Contract Information]

2. Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises de facto control over the subject Licensee shall respond.)

Not Applicable

[Enter Capitalization Information]

[Enter Capitalization Information]

3. (a.) **Ownership Interests.** This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A "direct" interest is one that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee for which the Report is being submitted.

List each person or entity with a direct attributable interest in the Respondent separately. Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report or file separate reports for persons or entities that do not have an attributable interest in the Licensee for which the report is being submitted.

Ownership Interests Information

Copy 1.	Name	FRIENDS OF CHRISTIAN RADIO, INC.	
	Address	Street 86 SEVEN MILE DRIVE City/State GLENDIVE , MONTANA Postal/ZIP Code 59330 - Country (if not U.S.)	
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	0003728276	
		<input checked="" type="checkbox"/> N/A (entity)	

Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<u>Gender</u> <input type="radio"/> Male <input type="radio"/> Female	
	<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino	
	<u>Race (Check all that apply)</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
	<u>Citizenship</u>	
Percentage of votes	100 %	
Percentage of equity	100 %	
Percentage of total assets (equity debt plus)	100 %	
Copy 2.	Name	DUANE MITCHELL
	Address	Street 221 S. LINCOLN AVENUE City/State SIDNEY , MONTANA Postal/ZIP Code 59270 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor

		<input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	9990057995	
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race (Check all that apply)</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US	
	Percentage of votes	9 %	
	Percentage of equity	0 %	
	Percentage of total assets (equity debt plus)	0 %	
Copy 3.	Name	DON HOFMANN	
	Address	Street HC 80 BOX 42 City/State ISMAY , MONTANA Postal/ZIP Code 59336 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director	

		<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	9990058001	
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race (Check all that apply)</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US	
	Percentage of votes	9 %	
	Percentage of equity	0 %	
	Percentage of total assets (equity debt plus)	0 %	
Copy 4.	Name	MILTON OLSON	
	Address	Street 32 LITTLEHALES COURT City/State DICKINSON , NORTH DAKOTA Postal/ZIP Code 58601 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	

	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	9990058019	
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US	
	Percentage of votes	9 %	
	Percentage of equity	0 %	
	Percentage of total assets (equity debt plus)	0 %	
Copy 5.	Name	ARLIE RAUCH	
	Address	Street 615 E. CLEMENT City/State GLENDDIVE , MONTANA	

	Postal/ZIP Code 59330 - Country (if not U.S.)	
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
FCC Registration Number	9990058027	
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US	
Percentage of votes	9 %	
Percentage of equity	0 %	
Percentage of total assets (equity debt plus)	0 %	

Copy 6.	Name	BRUCE KETCHUM
	Address	Street HC 75 BOX 20 City/State PLEVNA , MONTANA Postal/ZIP Code 59344 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	9990058035
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)	
	<u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female	
	<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino	
	<u>Race</u> (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White	
	<u>Citizenship</u> US	
Percentage of votes	9 %	

	Percentage of equity	0 %	
	Percentage of total assets (equity debt plus)	0 %	
Copy 7.	Name	TOM FATZINGER	
	Address	Street 101 ROAD 524 City/State BLOOMFIELD , MONTANA Postal/ZIP Code 59315 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	9990058043	
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)		<input type="checkbox"/> N/A (entity)	
		<u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female	
		<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino	
		<u>Race</u> (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	

		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White	
		<u>Citizenship</u> US	
	Percentage of votes	9 %	
	Percentage of equity	0 %	
	Percentage of total assets (equity debt plus)	0 %	
Copy 8.	Name	JERE WITTKOPP	
	Address	Street 173 WITTKOPP City/State CIRCLE , MONTANA Postal/ZIP Code 59215 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	9990058050	
	Gender, Ethnicity, Race and Citizenship	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female	

	Information (Natural Persons)	<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
		<u>Race</u> (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White
		<u>Citizenship</u> US
	Percentage of votes	9 %
	Percentage of equity	0 %
	Percentage of total assets (equity debt plus)	0 %
Copy 9.	Name	EARL HARSHBARGER
	Address	Street 112 LONGFELLOW ROAD City/State DAGMAR , MONTANA Postal/ZIP Code 59219 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):

	FCC Registration Number	9990058068	
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race (Check all that apply)</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US	
	Percentage of votes	9 %	
	Percentage of equity	0 %	
	Percentage of total assets (equity debt plus)	0 %	
Copy 10.	Name	CLYDE MITCHELL	
	Address	Street 512 GRANT City/State GLENDDIVE , MONTANA Postal/ZIP Code 59330 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member	

	<input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
FCC Registration Number	9990058076	
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race (Check all that apply)</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US	
Percentage of votes	9 %	
Percentage of equity	0 %	
Percentage of total assets (equity debt plus)	0 %	

(b.) Respondent certifies that any equity and financial interests not reported in response to Question 3(a) are non-attributable.

If "No," submit as an Exhibit an explanation.

Yes No
[Exhibit 3]
Exhibit 3]

(c.) Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in any other broadcast station, or in any newspaper entities in the same market, as defined in 47 C.F.R. Section 73.3555?

If "Yes", provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below for the applicable type of interest (broadcast or newspaper). Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option. NOTE: Spreadsheets must be submitted in a special "XML Spreadsheet" format with the appropriate structure that is specified in the documentation. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), please [Click Here](#).

Yes No

	<p>[Broadcast Interests Subform]</p> <p>[Broadcast Interests Subform]</p> <p>[Newspaper Interests Subform]</p> <p>[Newspaper Interests Subform]</p>																
(d.)	<p>Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings?</p> <p>If "Yes", complete the information describing the relationship.</p> <table border="1" style="margin: 10px auto; width: 80%;"> <thead> <tr> <th colspan="5" style="text-align: center;">Familial Relationships</th> </tr> <tr> <th style="width: 10%;">Copy</th> <th style="width: 40%;">Name</th> <th style="width: 15%;">Parent/Child</th> <th style="width: 15%;">Spouse</th> <th style="width: 20%;">Siblings</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.</td> <td style="text-align: center;">DUANE MITCHELL</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input checked="" type="radio"/></td> </tr> </tbody> </table>	Familial Relationships					Copy	Name	Parent/Child	Spouse	Siblings	1.	DUANE MITCHELL	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
Familial Relationships																	
Copy	Name	Parent/Child	Spouse	Siblings													
1.	DUANE MITCHELL	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>													
(e.)	<p>Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ?</p> <p>If "Yes", complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.</p> <p>[Enter Attribution Exemption Information]</p> <p>[Enter Attribution Exemption Information]</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>															
4.	<p>Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of all entities in which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest in the Licensee of the stations associated with the Report. Licensees should select "N/A" in response to this question.</p> <p>For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that the FRN information is consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure such consistency.</p> <p>[Enter Respondent Interests Held Information]</p> <p>[Enter Respondent Interests Held Information]</p>	<p><input checked="" type="checkbox"/> N/A</p>															
5.	<p>Organizational Chart. LICENSEES ONLY: Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all persons/entities that have attributable interests in the Licensee.</p>	<p><input checked="" type="checkbox"/> N/A [Exhibit 5] Exhibit 5]</p>															

Non-Licensee Respondents should select "N/A" in response to this question.

SECTION III - CERTIFICATION

I certify that I am DIANE L. ODENBACH, OFFICE MANAGER

(Official Title)

of FRIENDS OF CHRISTIAN RADIO, INC.

(Exact legal title or name of Respondent)

and that I have examined this Report and that to the best of my knowledge and belief, all statements in this Report are true, correct and complete.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

Signature DIANE L. ODENBACH	Date 2/14/12
Telephone Number of Respondent (Include area code) 4063773331	

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Exhibits

Menu