

Federal (REFERENCE COPY - Not for submission) Communications Operations

FRN

510 Henry

Street

Prescott

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number:0000040325Submit Date:2018-01-17FRN:0024376543Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:01/17/2018Filing Status:Active

Section I - General Information

ΑZ

1. Respondent

Entity Name

0024376543		Lou Silverstein Family Trust					
Street Address	City (and Count address)	ry if non U.S.	State ("NA" if non-U.S. address)	Zip Code	Phone	Email	
Address	addressy			oouc	Thone		

86301

+1 (928) 451-

1700

kahm1021@yahoo.

com

2. Contact Representative

Name	Organization
Ellen Mandell Edmundson, Esq.	Cohn and Marks, LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1101 17th Street, N.W Suite 1001	Washington	DC	20036	+1 (202) 452- 4825	ellen.edmundson@cohnmarks. com

3. Application Filing Fee

Not Applicable

4. Nature of Respondent

(a) Provide the following information about the Respondent:				
Relationship to stations/permits	Entity required to file a Form 323 because it holds an attributable interest in one or more Licensees			
Nature of Respondent	Other Trust			

(b) Provide the following information about this report:

Purpose	Biennial	
"As of" date	10/01/2017	
	When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.	

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permitte	e Name	FRN			
Lou Silverstein Fan	nily Trust		0024376543		
Fac. ID No.	Call Sign	City	State	Service	
61433	KYCA	PRESCOTT	AZ	AM	
61510	КАНМ	SPRING VALLEY	AZ	FM	

Section II – Biennial Ownership Information

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. In addition, attributable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents, as well as Licensee Respondents that only hold authorizations for Class A television and/or low power television stations, should select "Not Applicable" in response to this question.

Not Applicable.

2. Ownership Interests

1.47 C.F.R.

and Other

Documents

Section 73.3613

(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, non-insulated partners, non-insulated members, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) for which the report is being submitted.

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 a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

FRN	0024376543			
Entity Name	Lou Silverstein Family Trust			
Address	PO Box			
	Street 1	510 Henry Street		
	Street 2			
	City	Prescott		
	State ("NA" if non-U.S. address)	AZ		
	Zip/Postal Code	86301		
	Country (if non-U.S. address)	United States		

Ownership Information

Listing Type	Respondent			
Positional Interests (check all that apply)	Respondent			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity			
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have an attributable interest in one or more broadcast sta that do not appear on this report?			No	

Ownership Information				
FRN	0019837673			
Name	Nancy Silverstein			
Address	PO Box			
	Street 1	510 Henry Street		
	Street 2			
	City	Prescott		
	State ("NA" if non-U.S. address)	AZ		
	Zip/Postal Code	86302		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - Co-Trustee			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	50.0% Jointly Held? No		
from 0.0 to 100.0)	Equity	50.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?				

Ownership Information

FRN	0024489544

Name	James Hancock	James Hancock			
Address	PO Box				
	Street 1	510 Henry Street			
	Street 2				
	City	Prescott			
	State ("NA" if non-U.S. address)	AZ			
	Zip/Postal Code	86302			
	Country (if non-U.S. address)	United States			
Listing Type	Other Interest Holder	Other Interest Holder			
Positional Interests (check all that apply)	Other - Co-Trustee				
Citizenship, Gender,	Citizenship	US			
Ethnicity, and Race Information (Natural	Gender	Male			
Persons Only)	Ethnicity	Not Hispanic or Latino			
	Race	White			
Interest Percentages (enter percentage values	Voting	50.0%	Jointly Held? No		
from 0.0 to 100.0)	Equity	50.0%			
	Total assets (Equity Debt Plus)				
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No		
(b) Respondent certifies th	at any interests, including equi	ty, financial, or voting	Yes		

interests, not reported in this filing are non-attributable.

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



(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other No or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

(e) Is Respondent seeking an attribution exemption for any officer or director with No duties wholly unrelated to the Licensee(s)?

If "<u>Yes</u>," 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.

Certificatio	n

Section	Question	Response
Authorized Party to Sign	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 LICENSEOR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	

Certification I certify 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. Official Title: Co-Trustee Silverstein Family Trust Name: Nancy L. Silverstein Phone: 9284451700 01/17/2018			
	Certification	and that to the best of my knowledge and belief, all statements in this report are	Exact Legal Title or Name of Respondent: Lou Silverstein Family Trust Name: Nancy L. Silverstein Phone: 9284451700