

Noncommercial Broadcast Stations Biennial Ownership Report (FCC Form 323-E)

File Number:0000040898Submit Date:2018-01-29FRN:0027170083Purpose:Noncommercial Broadcast Stations Biennial Ownership ReportStatus:Status:Status Date:01/29/2018Filing Status:Active

Section I - General Information

1. Respondent

0027170083 Kendall Grant	FRN	Name
	0027170083	Kendall Grant

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 1076 1734 Rocky Road	Moab	UT	84532	+1 (435) 259- 8824	kik@kzmu. org

2. Contact Representative

Name	Organization
Marty Durlin	Moab Public Radio KZMU - General Manager

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 1076 1734 Rocky Road	Moab	UT	84532	+1 (435) 260-2523	marty@kzmu.org

3. Application Filing Fee

Not Applicable

4. Control of Respondent

 (a) Provide the following information about the Respondent:

 Relationship to stations/permits
 Entity required to file a Form 323-E because it holds an attributable interest in one or more Licensees or Permittees

Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity?

No

(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/Permittee Name FRN				
Susette R. DeCoster-Weisheit 0027156082				
Fac. ID No.	Call Sign	City	State	Service
43314	KZMU	MOAB	UT	FM

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 Documents	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. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents should select "Not Applicable" in response to this question.				
2. Ownership Interests	(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, members of the governing board (or other governing entity), stockholders, 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.				
			ank for an interest holder unless that interest holder has an Commission's Equity Debt Plus attribution standard, 47 C.F.R.		
		ct ownership structures, list only t nsee(s) for which the report is be	those interests in the Respondent that also represent an ing submitted.		
	separate ownership reports. In		holding companies or other forms of indirect ownership must file r file a separate report for, any interest holder that does not have 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 guidand	ce concerning this requirement.		
	Ownership Information				
	FRN	0027170083			
	Name	Kendall Grant			
	Address	PO Box	1076		
		Street 1	1734 Rocky Road		
		Street 2			
	City Moab				
	State ("NA" if non-U.S. UT address)				
	Zip/Postal Code 84532				
	Country (if non-U.S.United Statesaddress)				
	Listing Type	Respondent			

Positional Interests (check all that apply)	Respondent			
Principal Profession or Occupation	Accountant, Administrator	Accountant, Administrator		
By Whom Appointed or Elected	Not Elected	Not Elected		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male		
	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	0.0%		
(enter percentage values 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 stations that do not appear on this report?

No

Ownership Information

FRN	0027156082			
Name	Susette R. DeCoster-Weisheit			
Address	PO Box 1076			
	Street 1	1734 Rocky Road		
	Street 2			
	City	Moab		
	State ("NA" if non-U.S. address)	UT		
	Zip/Postal Code	84532		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - Chairman and Board Member			
Principal Profession or Occupation	Licensed Massage Therapist			
By Whom Appointed or Elected	KZMU Board of Trustees			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race White			
Interest Percentages	Voting	20.0%		
(enter percentage values				

from 0.0 to 100.0)	Equity	20.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations		more broadcast stations	No

Does interest noider have an attributable interest in one or more broadcast	stations
that do not appear on this report?	

Ownership Information				
FRN	0027157445			
Name	Sasha Reed	Sasha Reed		
Address	PO Box	1076		
	Street 1	1734 Rocky Road		
	Street 2			
	City	Moab		
	State ("NA" if non-U.S. address)	UT		
	Zip/Postal Code	84532		
	Country (if non-U.S. United States address) United States			
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Other - Vice Chairmain and Board Member			
Principal Profession or Occupation	Research Ecologist			
By Whom Appointed or Elected	KZMU Board of Trustees	KZMU Board of Trustees		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	20.0%		
(enter percentage values from 0.0 to 100.0)	Equity	20.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No	

Ownership Information		
FRN	0027173202	
Name	Jason J. Pronovost	
Address	PO Box 1076	
	Street 1 1734 Rocky Road	

	Street 2		
	City	Moab	
	State ("NA" if non-U.S. address)	UT	
	Zip/Postal Code	84532	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Principal Profession or Occupation	Instructor, Builder at Community Rebuilds		
By Whom Appointed or Elected	KZMU Board of Trustees		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	20.0%	
(enter percentage values from 0.0 to 100.0)	Equity	20.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have a that do not appear on this i	an attributable interest in one o report?	or more broadcast stations	No

Ownership	Information

Ownership information			
FRN	0027190156		
Name	Jimma M. Blackburn		
Address	PO Box 1076		
	Street 1	1734 Rocky Road	
	Street 2		
	City	Moab	
	State ("NA" if non-U.S. address)	UT	
	Zip/Postal Code	84532	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Treasurer and Board Member		

Principal Profession or Occupation	Entrepreneur and Blackburn Family Trust		
By Whom Appointed or Elected	KZMU Board of Trustees		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	
	Equity	20.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have	an attributable interest in one o	or more broadcast stations	No

Ownership Information

that do not appear on this report?

Ownership Information				
FRN	0027164342			
Name	Terence O. Carlson	Terence O. Carlson		
Address	PO Box 1076			
	Street 1	1734 Rocky Road		
	Street 2			
	City	Moab		
	State ("NA" if non-U.S. address)	UT		
	Zip/Postal Code	84532		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - Secretary and Board Member			
Principal Profession or Occupation	Business Sales			
By Whom Appointed or Elected	KZMU Board of Trustees			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	20.0%		
(enter percentage values from 0.0 to 100.0)	Equity	20.0%		

	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No
	that any interests, including equi a this filing are non-attributable.	ty, financial, or voting	Yes

lf	"No."	submit	as an	exhibit an	explanation.

(c) Is Respondent seeking an attribution exemption for any officer or director withNoduties 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.

Certification

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: Accountant, Administrator Exact Legal Title or Name of Respondent: Kendall Grant Name: Kik Grant Phone: 4358621581 01/29/2018