

(REFERENCE COPY - Not for submission)

# Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000043901 | Submit Date: 2018-02-26 | FRN: 0001637982

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 02/26/2018

Filing Status: Active

#### **Section I - General Information**

#### 1. Respondent

FRN	Entity Name
0001637982	Bee Broadcasting ,Inc

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 5409	Kalispell	MT	59903	+1 (406) 755- 8700	mdenbo@fccworld.

### 2. Contact Representative

Name	Organization
Mark Denbo	Smithwick & Belendiuk, P.C.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
5028 Wisconsin Avenue, N.W. Suite 301	Washington	DC	20016	+1 (202) 350-9656	mdenbo@fccworld.com

## 3. Application Filing Fee

Question	Response
Is this application being submitted without a filing fee?	No

#### **Fees**

Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
Biennial	Form 323	MAR	5	95	\$350.00
				Total	\$350.00

### 4. Nature of Respondent

(a) Provide the following information about the Respondent:		
Relationship to stations/permits	Licensee	
Nature of Respondent	For-profit corporation	

(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.		

### 5. Licensee(s) and Station(s)

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

Licensee/Permittee Name	FRN
Bee Broadcasting ,Inc	0001637982

Fac. ID No.	Call Sign	City	State	Service
4578	KJJR	WHITEFISH	MT	AM
4581	KBBZ	KALISPELL	MT	FM
12066	KDBR	KALISPELL	MT	FM
22255	KHNK	COLUMBIA FALLS	MT	FM
160441	KSAM	WHITEFISH	MT	AM

#### **Section II – Biennial Ownership Information**

1. 47 C.F.R. Section 73.3613 and Other 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. 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.

Document Information		
Description of contract or instrument	Articles of Incorporation	
Parties to contract or instrument	State of Montana	
Date of execution	07/1979	

Date of expiration	No expiration date
Agreement type (check all that apply)	Other  Agreement Type: Articles of Incorporation

Document Information		
Description of contract or instrument	Bylaws	
Parties to contract or instrument	Shareholders	
Date of execution	07/1979	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Bylaws	

Document Information		
Description of contract or instrument	Time Brokerage Agreement	
Parties to contract or instrument	Rose Communications, Inc.	
Date of execution	01/2017	
Date of expiration	01/2025	
Agreement type (check all that apply)	Attributable LMA	

Document Information		
Description of contract or instrument	Advertising Representation Agreement	
Parties to contract or instrument	Rose Communications, Inc.	
Date of execution	02/2017	
Date of expiration	02/2022	
Agreement type (check all that apply)	Other  Agreement Type: Non-Attributable Advertising Representation Agreement	

Document Information		
Description of contract or instrument	Shared Services Agreement	
Parties to contract or instrument	Rose Communications, Inc.	
Date of execution	02/2017	
Date of expiration	02/2022	
Agreement type (check all that apply)	Other  Agreement Type: Shared Services Agreement	

## 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, 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.

Ownership Information				
FRN	0001637982			
Entity Name	Bee Broadcasting ,Inc			
Address	PO Box	5409		
	Street 1			
	Street 2			
	City	Kalispell		
	State ("NA" if non-U.S. address)	MT		
	Zip/Postal Code	59903		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
Positional Interests (check all that apply)	Respondent			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal	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 0.0% Plus)			
Does interest holder have that do not appear on this	an attributable interest in one creport?	or more broadcast stations	No	

Ownership Information			
FRN	0021319801	0021319801	
Name	Benny Bee, Sr.		
Address	PO Box         5409           Street 1		
	Street 2		
	City	Kalispell	

	State ("NA" if non-U.S. address)	MT	
	Zip/Postal Code	59903	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder	Officer, Director, Stockholder	
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	51.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	51.0%  Debt 51.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this r	n attributable interest in one o eport?	r more broadcast stations	No

Ownership Information			
FRN	0023217235		
Entity Name	Karge, LLLP		
Address	РО Вох	5409	
	Street 1		
	Street 2		
	City	Kalispell	
	State ("NA" if non-U.S. address)	MT	
	Zip/Postal Code	59903	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Stockholder		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal	nation or Tribal entity	
Interest Percentages (enter percentage values	Voting	49.0%	Jointly Held?
from 0.0 to 100.0)	Equity	49.0%	
	Total assets (Equity Debt Plus)	49.0%	

Ownership Information				
FRN	0021319793			
Name	Mary L. Bee	Mary L. Bee		
Address	РО Вох	<b>PO Box</b> 5409		
	Street 1			
	Street 2			
	City	Kalispell		
	State ("NA" if non-U.S. address)	MT		
	Zip/Postal Code	Zip/Postal Code 59903		
	Country (if non-U.S. address)	ı-U.S. United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer			
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	0.0% Jointly Held?		
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a	an attributable interest in one oreport?	r more broadcast stations	No	

Ownership Information			
FRN	9990121314		
Name	Dennis Bee		
Address	РО Вох	5409	
	Street 1		
	Street 2  City Kalispell		
	State ("NA" if non-U.S. address)	MT	
	Zip/Postal Code 59903		
	Country (if non-U.S. United States address)		

Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Director			
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	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 that do not appear on this	an attributable interest in one or	or more broadcast stations	No	

Ownership Information				
FRN	9990121315	9990121315		
Name	Benny Bee, Jr.			
Address	PO Box	PO Box 5409		
	Street 1			
	Street 2			
	City	Kalispell		
	State ("NA" if non-U.S. address)	MT	MT	
	Zip/Postal Code	59903		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Director			
Citizenship, Gender,	Citizenship	Citizenship US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
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)	t 0.0%		
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations	No	

Ownership Information				
FRN	9990121317			
Name	Nicolette Bee	Nicolette Bee		
Address	РО Вох	PO Box 5409		
	Street 1			
	Street 2			
	City	Kalispell		
	State ("NA" if non-U.S. address)	MT		
	Zip/Postal Code	59903		
	Country (if non-U.S. United States address)			
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Director			
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	0.0% Jointly Held?		
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a that do not appear on this r	n attributable interest in one o eport?	r more broadcast stations	No	

Ownership Information			
FRN	9990121319	9990121319	
Name	Patrick Sutton		
Address	<b>PO Box</b> 5409		
	Street 1		
	Street 2		
	City Kalispell		
	State ("NA" if non-U.S. address)	MT	
	Zip/Postal Code	59903	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		

Positional Interests (check all that apply)	Director		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
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 that do not appear on this	an attributable interest in one creport?	or more broadcast stations	No

Ownership Information				
FRN	9990125118			
Name	Molly Bee	Molly Bee		
Address	РО Вох	<b>PO Box</b> 5409		
	Street 1	Street 1		
	Street 2			
	City	Kalispell	Kalispell	
	State ("NA" if non-U.S. address)	MT		
	Zip/Postal Code	59901		
	Country (if non-U.S. United States address)			
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Director			
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	0.0% Jointly Held?		
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?			

(b) Respondent certifies that any interests, including equity, financial, or voting	Yes

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

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

(c) Does the Respondent or any reported interest holder hold an attributable interest in any newspaper entities in the same market as any station for which this report is filed, as defined in 47 C.F.R. Section 73.3555?

No

If "Yes," provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below. 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.

If using the subform, 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 newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i). If using an XML Spreadsheet, enter "NA" into the percentage of total assets (Equity Debt Plus) field for an interest holder unless that interest holder has an attributable interest in the newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard.

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.

(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other or related to each other as parentchild or as siblings?

Yes

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

Family Relationships			
FRN	9990121314	Name	Dennis Bee
FRN	9990121315	Name	Benny Bee , Jr
Relationship	Siblings		

Family Relationships			
FRN	0021319801	Name	Benny Bee , Sr .
FRN	0021319793	Name	Mary L Bee
Relationship	Spouses		

(e) Is Respondent seeking an attribution exemption for any officer or director with
duties wholly unrelated to the Licensee(s)?

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.

# 3. Organizational Chart (Licensees Only)

Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

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

File Name	Uploaded By	Attachment Type	Description
Bee Broadcasting - Organizational Chart.pdf	Applicant	Ownership Chart	Bee Broadcasting - Organizational Chart

#### **Section III - Certification**

#### 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: <b>President</b> Exact Legal Title or Name of Respondent: <b>Bee Broadcasting, Inc.</b> Name: <b>Benny Bee , Sr</b> Phone: <b>4067558700</b> 02/26/2018