

FRN

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000042980 Submit Date: 2018-02-21 FRN: 0026206268 Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 02/21/2018 Filing Status: Active

Section I - General Information

1. Respondent

Entity Name 0026206268 Mikelli Investments, LLC

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
C/O Bravo Mic Communications, LLC 101 Perkins Drive	Las Cruces	NM	88005	+1 (575) 527-1111	msmith@bravomic. com

2. Contact Representative

Name	Organization
Dennis P. Corbett	Telecommunications Law Professionals PLLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1025 Connecticut Ave, NW Suite 1011	Washington	DC	20036	+1 (202) 789- 3115	dcorbett@telecomlawpros. com

3. Application

Not Applicable

Filing Fee

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	Limited liability company		

(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
Bravo MIC Communications, LLC	0011617263

Fac. ID No.	Call Sign	City	State	Service
31530	KVLC	НАТСН	NM	FM
54945	KOBE	LAS CRUCES	NM	AM
54946	KMVR	MESILLA PARK	NM	FM
63453	КХРΖ	LAS CRUCES	NM	FM

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents	contracts and other instruments report. In addition, attributable L disclosed by the licensee of the attributable JSA, or a network af Respondents, as well as License	old authorizations for one or more full power television, AM, and/or FM stations should list all hts set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this e Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be ne brokering station on its ownership report. If the agreement is an attributable LMA, an affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee nsee Respondents that only hold authorizations for Class A television and/or low power television pplicable" in response to this question.				
	Not Applicable.					
2. Ownership Interests	generating a series of subforms, itself. If the Respondent is not a non-insulated members, and an standards set forth in 47 C.F.R.	Question requires Respondents to enter detailed information about ownership interests by is. Answer each question on each subform. The first subform listing should be for the Respondent a natural person, also list each of the officers, directors, stockholders, non-insulated partners, any other persons or entities with a direct attributable interest in the Respondent pursuant to the R. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies holder with a direct attributable interest in the Respondent separately.				
			nk for an interest holder unless that interest holder has an Commission's Equity Debt Plus attribution standard, 47 C.F.R.			
	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.					
		such a structure do not report, or	holding companies or other forms of indirect ownership must file file a separate report for, any interest holder that does not have being submitted.			
	Please see the Instructions for f	urther detail concerning interests	s that must be reported in response to this question.			
	The Respondent must provide a Please see the Instructions for d	-	each interest holder reported in response to this question. e concerning this requirement.			
	Ownership Information					
	FRN	0026206268				
	Entity Name	Mikelli Investments, LLC				
	Address	Address PO Box				
		Street 1 C/O Bravo Mic Communications, LLC				
		Street 2 101 Perkins Drive				
		City	Las Cruces			

	State ("NA" if non-U.S. address)	NM	
	Zip/Postal Code	88005	
	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 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 c	or more broadcast stations	No

that do not appear on this report?

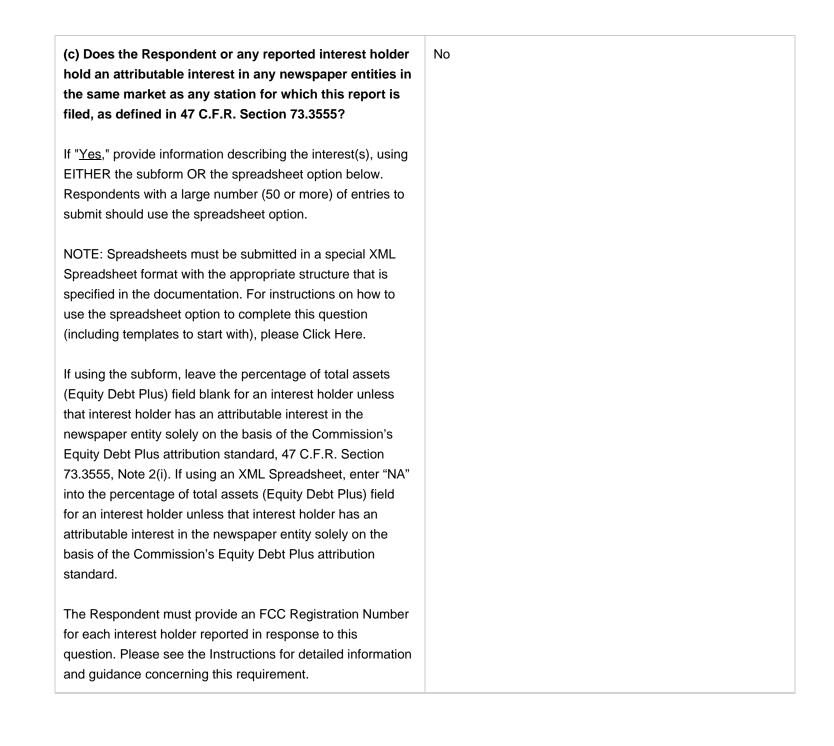
Ownership Information

FRN	0019407030			
Name	Michael A. Smith			
Address	PO Box			
	Street 1	101 Perkins Drive		
	Street 2			
	City	Las Cruces		
	State ("NA" if non-U.S. address)	NM		
	Zip/Postal Code	88005		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other	- Manager		
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	0.0%		
	Total assets (Equity Debt Plus)			

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

No

Ownership Information				
FRN	0026282491			
Name	Shelli R. Smith			
Address	PO Box			
	Street 1	101 Perkins Drive		
	Street 2			
	City	Las Cruces		
	State ("NA" if non-U.S. address)	NM		
	Zip/Postal Code	88005		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	LC/LLC/PLLC Member			
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	0.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No	
(b) Respondent certifies that any interests, including equity, financial, or votingYesinterests, 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 Yes or related to each other as parentchild or as siblings?

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

Family Relationships				
FRN	0026282491	Name	Shelli R Smith	
FRN	0019407030	Name	Michael A Smith	
Relationship	Spouses			

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

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: Manager Exact Legal Title or Name of Respondent: Mikelli Investments, LLC Name: Michael A. Smith Phone: 5755271111 02/21/2018