

Federal Communications Commission (REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000043908 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** CGP, Inc. 0023217243

| 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 | МТ | 59903 | +1 (406) 755- 8700 | mdenbo@fccworld. com |

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**

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 | 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 | МТ | AM |
| 4581 | KBBZ | KALISPELL | МТ | FM |
| 12066 | KDBR | KALISPELL | МТ | FM |
| 22255 | KHNK | COLUMBIA FALLS | МТ | FM |
| 160441 | KSAM | WHITEFISH | МТ | АМ |

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 | Id authorizations for one or more full power television, AM, and/or FM stations should list all is set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be be 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 see Respondents that only hold authorizations for Class A television and/or low power television plicable" in response to this question. | | | |
|---|--|--|--|--|--|
| 2. Ownership Interests | | | | | |
| | | | 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 attributable interest in the Licens | | nose interests in the Respondent that also represent an ng 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 | 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. | | |
| | Ownership Information | | | | |
| | FRN | 0023217243 | | | |
| | Entity Name CGP, Inc. | | | | |
| | 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 | 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 | 0021319801 | | | |
|--|-------------------------------------|------------------------|-----------------------------|--|
| Name | Benny Bee, Sr. | | | |
| Address | PO Box | 5409 | | |
| | Street 1 | | | |
| | Street 2 | | | |
| | City | Kalispell | | |
| | State ("NA" if non-U.S. address) | МТ | | |
| | 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 | | | |
| 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 | 100.0% | Jointly Held? Yes | |
| from 0.0 to 100.0) | Equity | 100.0% | | |
| | Total assets (Equity Debt Plus) | 100.0% | | |

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

No

| Ownership Information | | | | |
|---|---------------------------------------|-------------------------|---------------------|--|
| FRN | 0021319793 | | | |
| Name | Mary L. Bee | | | |
| Address | PO Box | 5409 | | |
| | Street 1 | | | |
| | Street 2 | | | |
| | City | Kalispell | | |
| | State ("NA" if non-U.S. address) | МТ | | |
| | 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 | | | |
| 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? No | |
| from 0.0 to 100.0) | Equity | 0.0% | | |
| | Total assets (Equity Debt Plus) | 0.0% | | |
| Does interest holder have an that do not appear on this re | attributable interest in one or port? | more broadcast stations | 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 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: President Exact Legal Title or Name of Respondent: CGP, Inc. Name: Benny Bee , Sr Phone: 4067558700 |
|---------------|--|---|
| | | 02/26/2018 |