

#### 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		
<b>Positional Interests</b> (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			
<b>Positional Interests</b> (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%	<b>Jointly Held?</b> 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			
<b>Positional Interests</b> (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: <b>President</b> Exact Legal Title or Name of Respondent: <b>CGP, Inc.</b> Name: <b>Benny Bee , Sr</b> Phone: <b>4067558700</b>
		02/26/2018