



(REFERENCE COPY - Not for submission)

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

File Number: **0000045613** | Submit Date: **2018-03-01** | FRN: **0005023445**

Purpose: **Commercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **03/01/2018**

Filing Status: **Active**

## Section I - General Information

### 1. Respondent

FRN	Entity Name
0019329317	CP II AIV GP LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
45 Rockefeller Plaza Suite 2626	New York	NY	10111	+1 (202) 632-6131	jimsheajr@comcast.net

### 2. Contact Representative

Name	Organization
Christina H. Burrow, Esq.	Cooley LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1299 Pennsylvania Avenue, NW Suite 700	Washington	DC	20004	+1 (202) 776-2687	cburrow@cooley.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	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
Mapleton License of Monroe, LLC	0023239098

Fac. ID No.	Call Sign	City	State	Service
34016	KMYV	RAYVILLE	LA	FM
50405	KXRR	MONROE	LA	FM
52510	KZRZ	WEST MONROE	LA	FM
67283	KNNW	COLUMBIA	LA	FM

Licensee/Permittee Name	FRN
Mapleton License of Alexandria, LLC	0023239221

Fac. ID No.	Call Sign	City	State	Service
8166	KLAA-FM	TIOGA	LA	FM
51078	KEZP	BUNKIE	LA	FM
86913	KBKK	BALL	LA	FM

Licensee/Permittee Name	FRN
Mapleton License of Spokane, LLC	0017174152

Fac. ID No.	Call Sign	City	State	Service
11234	KGA	SPOKANE	WA	AM
11235	KJRB	SPOKANE	WA	AM
11242	KDRK-FM	SPOKANE	WA	FM
11243	KZBD	SPOKANE	WA	FM
36488	KBBD	SPOKANE	WA	FM
53147	KEYF-FM	CHENEY	WA	FM

Licensee/Permittee Name	FRN
Mapleton License of Medford, LLC	0017173931

Fac. ID No.	Call Sign	City	State	Service
17573	KAKT	PHOENIX	OR	FM
33678	KBOY-FM	MEDFORD	OR	FM
57434	KCMX-FM	ASHLAND	OR	FM
57733	KTMT	ASHLAND	OR	AM
60313	KTMT-FM	MEDFORD	OR	FM
60314	KCMX	PHOENIX	OR	AM

Licensee/Permittee Name	FRN
Mapleton License of Merced, LLC	0017173956

Fac. ID No.	Call Sign	City	State	Service
7707	KUBB	MARIPOSA	CA	FM
20334	KHTN	PLANADA	CA	FM
41173	KABX-FM	MERCED	CA	FM
41174	KYOS	MERCED	CA	AM
65374	KLOQ-FM	WINTON	CA	FM
87180	KBRE	MERCED	CA	AM

Licensee/Permittee Name	FRN
Mapleton License of San Francisco, LLC	0017173998

Fac. ID No.	Call Sign	City	State	Service
40137	KSFN	PIEDMONT	CA	AM

Licensee/Permittee Name	FRN
Mapleton License of Monterey, LLC	0017173964

Fac. ID No.	Call Sign	City	State	Service
7714	KWAV	MONTEREY	CA	FM
9858	KHIP	GONZALES	CA	FM
29337	KKHK	CARMEL	CA	FM
54621	KCDU	CARMEL	CA	FM
54745	KPIG-FM	FREEDOM	CA	FM

Licensee/Permittee Name	FRN
Mapleton License of Redding, LLC	0017173972

Fac. ID No.	Call Sign	City	State	Service
41241	KRRX	BURNEY	CA	FM
41620	KRDG	SHINGLETOWN	CA	FM
51639	KNRO	REDDING	CA	AM
51641	KSHA	REDDING	CA	FM
54039	KWLZ	SHASTA LAKE CITY	CA	FM
87171	KQMS	REDDING	CA	AM

Licensee/Permittee Name	FRN
Mapleton License of Chico, LLC	0017173907

Fac. ID No.	Call Sign	City	State	Service
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40919	KALF	RED BLUFF	CA	FM
51637	KFMF	CHICO	CA	FM
51638	KQPT	COLUSA	CA	FM
56714	KZAP	PARADISE	CA	FM

## 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.

Not Applicable.

### 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		
<b>FRN</b>	0019329317	
<b>Entity Name</b>	CP II AIV GP LLC	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	45 Rockefeller Plaza
	<b>Street 2</b>	Suite 2626
	<b>City</b>	New York
	<b>State ("NA" if non-U.S. address)</b>	NY
	<b>Zip/Postal Code</b>	10111
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Respondent	

<b>Positional Interests</b> (check all that apply)	Respondent		
<b>Tribal Nation or Tribal Entity</b>	Interest holder is not a Tribal nation or Tribal entity		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%	<b>Jointly Held?</b> No
	<b>Equity</b>	0.0%	
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			Yes

#### Ownership Information

<b>FRN</b>	0019329341		
<b>Entity Name</b>	Corporate Partners II Holdings LLC		
<b>Address</b>	<b>PO Box</b>		
	<b>Street 1</b>	45 Rockefeller Plaza	
	<b>Street 2</b>	Suite 2626	
	<b>City</b>	New York	
	<b>State ("NA" if non-U.S. address)</b>	NY	
	<b>Zip/Postal Code</b>	10111	
	<b>Country (if non-U.S. address)</b>	United States	
<b>Listing Type</b>	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member, Other - Managing Member		
<b>Tribal Nation or Tribal Entity</b>	Interest holder is not a Tribal nation or Tribal entity		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	100.0%	<b>Jointly Held?</b> No
	<b>Equity</b>	100.0%	
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			Yes

<b>(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.</b> If "No," submit as an exhibit an explanation.	Yes
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<p><b>(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?</b></p> <p>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.</p> <p>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 <a href="#">Click Here</a>.</p> <p>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.</p> <p>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.</p>	<p>No</p>
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<p><b>(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?</b></p> <p>If "Yes," provide the following information for each such the relationship.</p>	<p>No</p>
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<p><b>(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</b></p> <p>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.</p>	<p>No</p>
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**Certification**

Section	Question	Response
<p><b>Authorized Party to Sign</b></p>	<p>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 LICENSE --OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).</p>	

<b>Certification</b>	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>Member of the Managing Member</b> Exact Legal Title or Name of Respondent: <b>CP II AIV GP LLC</b> Name: <b>Jonathan Kagan</b> Phone: <b>2126326131</b>  03/01/2018
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