

(REFERENCE COPY - Not for submission)

FRN

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000045609 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

Entity Name 0019329408 Corporate Partners LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
45 Rockefeller	New York	NY	10111	+1 (212) 632- 6131	jimsheajr@comcast. net
Plaza Suite 2626					

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

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
Mapleton License of Monroe, LLC	0023239098

Fac. ID No.	Call Sign	City	State	Service
34016	КМҮҮ	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	КВКК	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	КАКТ	PHOENIX	OR	FM
33678	KBOY-FM	MEDFORD	OR	FM
57434	KCMX-FM	ASHLAND	OR	FM
57733	КТМТ	ASHLAND	OR	АМ
60313	KTMT-FM	MEDFORD	OR	FM
60314	КСМХ	PHOENIX	OR	АМ

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	СА	FM
41173	KABX-FM	MERCED	СА	FM
41174	KYOS	MERCED	СА	AM
65374	KLOQ-FM	WINTON	СА	FM
87180	KBRE	MERCED	CA	АМ

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	СА	FM
9858	КНІР	GONZALES	СА	FM
29337	ккнк	CARMEL	СА	FM
54621	KCDU	CARMEL	СА	FM
54745	KPIG-FM	FREEDOM	СА	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	СА	AM
51641	KSHA	REDDING	CA	FM
54039	KWLZ	SHASTA LAKE CITY	CA	FM
87171	KQMS	REDDING	СА	AM

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

Fac. ID No.	Call Sign	City	State	Service

40919	KALF	RED BLUFF	CA	FM
51637	KFMF	СНІСО	СА	FM
51638	KQPT	COLUSA	СА	FM
56714	KZAP	PARADISE	CA	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	hat hold authorizations for one or more full power television, AM, and/or FM stations should list all uments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this utable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be e of the brokering station on its ownership report. If the agreement is an attributable LMA, an twork affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee a Licensee Respondents that only hold authorizations for Class A television and/or low power television Not Applicable" 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 any standards set forth in 47 C.F.R.	Answer each question on each natural person, also list each of y other persons or entities with a Section 73.3555. (A "direct" inter	enter detailed information about ownership interests by subform. The first subform listing should be for the Respondent the officers, directors, stockholders, non-insulated partners, direct attributable interest in the Respondent pursuant to the rest is one that is not held through any intervening companies erest 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 attributable interest in the Licens		nose interests in the Respondent that also represent an ng 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	0019329408				
	Entity Name	Corporate Partners LLC				
	Address	PO Box				
		Street 1	45 Rockefeller Plaza			
		Street 2	Suite 2626			
		City	New York			
		State ("NA" if non-U.S. address)	NY			
		Zip/Postal Code	10111			
		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 from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	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 c report?	r more broadcast stations	Yes

Ownership Information

FRN	0019305291		
Name	Jonathan H. Kagan		
Address	PO Box		
	Street 1	45 Rockefeller Plaza	
	Street 2	Suite 2626	
	City	New York	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	10111	
	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	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	45.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an that do not appear on this re	n attributable interest in one or port?	r more broadcast stations	Yes

Ownership Information

FRN	0019287861
Name	Ali E. Wambold

Address	PO Box		
	Street 1	45 Rockefeller Plaza	
	Street 2	Suite 2626	
	City	New York	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	10111	
	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	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	45.0%	
	Total assets (Equity Debt Plus)	0.0%	

Ownership Information

that do not appear on this report?

FRN	0019329382	
Entity Name	CPXR, LLC	
Address	PO Box	
	Street 1	45 Rockefeller Plaza
	Street 2 Suite 2626	
	City New York	
	State ("NA" if non-U.S. NY address)	
	Zip/Postal Code 10111	
	Country (if non-U.S. United States address) United States	
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other - Managing Member	
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity	

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	100.0%	Jointly Held? No
	Equity	100.0%	
	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?		Yes	

Ownership Information

FRN	0019285642		
Name	Eytan Tigay		
Address	PO Box		
	Street 1	45 Rockefeller Plaza	
	Street 2	Suite 2626	
	City	New York	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	10111	
	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	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have a	an attributable interest in one o	or more broadcast stations	Yes

(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.	



(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.

Certif	ication

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: Member Exact Legal Title or Name of Respondent: Corporate Partners LLC Name: Jonathan Kagan Phone: 2126326131 03/01/2018