

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000047480Submit Date: 2018-03-02FRN: 0005863345Purpose: Commercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 03/02/2018Filing Status: ActiveStatus: ActiveStatus: ReceivedStatus Date: 03/02/2018

Section I - General Information

1. Respondent

FRN Entity Name 0020027264 Capital Dynamics , LP

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
4601 W. SAHARA SUITE L	LAS VEGAS	NV	89102	+1 (949) 206-0835	CALL4LARAE@COMCAST. NET

2. Contact Representative

Name	Organization
Dennis G. Carpenter	Starcom, LLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
14443 ARMSTRONG BLVD NW	RAMSEY	MN	55303	+1 (763) 412- 4637	DENNISCARPENTER@GMAIL. 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 partnership			

(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		
Milestone Radio II, LLC			0009969494	0009969494	
Fac. ID No.	Call Sign	City	State	Service	
84475	KBGY	FARIBAULT	MN	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.				
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 guestion on each subform. The first subform listing should be for the Respondents to enter detailed information about ownership interests to enter detailed information about ownership interests.				
	Ownership Information				
	FRN 0020027264				
	Entity Name	Capital Dynamics , LP			
	Address	PO Box			
		Street 1	4601 W. SAHARA		
		Street 2	SUITE L		

	Street 2	SUITE L
	City	LAS VEGAS
	State ("NA" if non-U.S. address)	NV
	Zip/Postal Code	89102
	Country (if non-U.S. address)	United States
Listing Type	Respondent	

Positional Interests (check all that apply)	Respondent	Respondent			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal	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 that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No		

Ownership Information

FRN	0020014940			
Entity Name	HomeNet, Inc.			
Address	PO Box			
	Street 1	4601 W. SAHARA		
	Street 2	SUITE L		
	City	LAS VEGAS		
	State ("NA" if non-U.S. address)	NV		
	Zip/Postal Code	89102		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	General Partner	General Partner		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal	nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	1.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes	
(b) Respondent certifies th	at any interests, including equi	ty, financial, or voting	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.

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 OF HOMENET , INC., THE GENERAL PARTNER Exact Legal Title or Name of Respondent: Capital Dynamics , LP
		Name: Daniel Peters Phone: 9492060835
		03/02/2018