

FRN

0020014940

## Amendment to a Commercial Broadcast **Stations Biennial Ownership Report**

File Number: 0000047418 Submit Date: 2018-03-02 FRN: 0005863345

Purpose: Commercial Broadcast Stations Biennial Ownership Report Amendment Status: Received Status Date: Filing Status: Active 03/02/2018

#### **Section I - General Information**

#### 1. Respondent

**Entity Name** 

HomeNet, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U. S. address)	Zip Code	Phone	Email
14443 ARMSTRONG BLVD NW	RAMSEY	MN	55303	+1 (763) 412-4637	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	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.
Reason for Amendment	Correction to family relationship.

# 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			00099	0009969494		
Fac. ID No.	Call Sign	City		State	Service	
84475	KBGY	FARIBAULT		MN	FM	
Licensee/Permittee Name	•		FRN			
				0004957783		
Fac. ID No.	Call Sign	City		State	Service	
59617	KLCI	ELK RIVER		MN	FM	
59618	WQPM	PRINCETON		MN	AM	
141749	K277AS	BIG LAKE		MN	FX	
Licensee/Permittee Name				FRN		
Lakes Broadcasting Comp	any, Inc.			0007704646		
Fac. ID No.	Call Sign	City		State	Service	
36404	WLKX-FM	FOREST LAKE		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.
	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				
FRN	0020014940			
Entity Name	HomeNet, Inc.			
Address	PO Box			
	Street 1	14443 ARMSTRONG BLVD N	W	
	Street 2			
	City	RAMSEY		
	State ("NA" if non-U.S. address)	MN		
	Zip/Postal Code	55303		
	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 r	ation 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 ar that do not appear on this re	attributable interest in one of port?	r more broadcast stations	No	

#### **Ownership Information**

FRN	0020015046	0020015046		
Name	Daniel Peters	Daniel Peters		
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			
Positional Interests (check all that apply)	Officer, Director, Stockholder			

Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	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 that do not appear on this	an attributable interest in one c report?	r more broadcast stations	No

Ownership Information				
FRN	0020015087			
Name	Renae Peters			
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	89201		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Officer, Director	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? Yes	
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a that do not appear on this r	in attributable interest in one o eport?	r more broadcast stations	No	

(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.	

(c) Does the Respondent or any reported interest holder hold an attributable interest in any newspaper entities in	No
the same market as any station for which this report is	
filed, as defined in 47 C.F.R. Section 73.3555?	
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.	
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 Click Here.	
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.	
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.	

(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other Yes or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

Family Relationships				
FRN	0020015046	Name	Daniel Peters	
FRN	0020015087	Name	Renae Peters	
Relationship	Spouses			

(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.

Certification

Section
Question
Response

Authorized Party to Sign
Image: Comparison of the section of

	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>HomeNet, Inc.</b> Name: <b>Daniel Peters</b> Phone: <b>7634124637</b> 03/02/2018