

FRN

0028127967

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

File Number: 0000067020Submit Date: 2019-01-16FRN: 0028127967Purpose: Commercial Broadcast Stations Non-Biennial Ownership ReportStatus: ReceivedStatus Date:01/16/2019Filing Status: Active

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

Robbins-Treat Resources, LLC

#### 1. Respondent

Entity Name

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U. S. address)	Zip Code	Phone	Email
55 Public Sqaure	Monmouth	IL	61462	+1 (309) 734-9452	vanessa. wetterling@prairiecommunications. net

#### 2. Contact Representative

Name	Organization
Davina S. Sashkin	Fletcher, Heald & Hildreth, PLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 N. 17th Street Suite 1100	Arlington	VA	22209	+1 (703) 812-0458	sashkin@fhhlaw.com

#### 3. Application Filing Fee

Not Applicable

# 4. Nature of

## Respondent

(a) Provide the following information about the Respondent:		
Relationship to stations/permits	Licensee	
Nature of Respondent	Limited liability company	

#### (b) Provide the following information about this report:

Purpose	Transfer of control or assignment of license/permit
"As of" date	12/28/2018 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.

# /Permittees(s) and Station(s) /Permit(s)

Respondent is filing this report to cover the following Licensee(s)/Permittee(s) and station(s)/permit(s):

Licensee/Permittee Name			RN	
Robbins-Treat Resources, LLC			0028127967	
Fac. ID No.	Call Sign	City	State	Service
33711	WMOI	MONMOUTH	IL	FM
33712	WRAM	MONMOUTH	IL	АМ

#### Section II – Non-Biennial Ownership Information

#### 1. 47 C.F.R. Section 73.3613 and Other Documents

Licensee/Permittee Respondents 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/Permittee Respondents should select "Not Applicable" in response to this question.

Document Information			
Description of contract or instrument	Articles of Organization		
Parties to contract or instrument	Robbins-Treat Resources, LLC		
Date of execution	05/2018		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Articles of Organization		

#### 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) or Permittee(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) or Permittee(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.

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FRN	0028127967		
Entity Name	Robbins-Treat Resources, LLC		
Address	PO Box		
	Street 1	55 Public Sqaure	

#### **Ownership Information**

	Street 2			
	City	Monmouth		
	State ("NA" if non-U.S. address)	IL		
	Zip/Postal Code	61462		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent	·		
Positional Interests (check all that apply)	Respondent			
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No	
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have ar that do not appear on this re	Does interest holder have an attributable interest in one or more broadcast stations			

Ownership Information					
FRN	0023194830	0023194830			
Name	Vanessa R. Wetterling				
Address	PO Box				
	Street 1	55 Public Square			
	Street 2				
	City	Monmouth	Monmouth		
	State ("NA" if non-U.S. address)	IL			
	Zip/Postal Code	61462			
	Country (if non-U.S. address)	United States			
Listing Type	Other Interest Holder				
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member				
Interest Percentages (enter percentage values	Voting	33.3%	Jointly Held? No		
from 0.0 to 100.0)	Total assets (Equity Debt Plus)				
Does interest holder have an attributable interest in one or more broadcast stations Yes hat do not appear on this report?					

Ownership Information			
FRN	0028145324		
Name	Bryon Robbins		
Address	PO Box		

	Street 1	55 Public Square		
	Street 2			
	City	Monmouth		
	State ("NA" if non-U.S. address)	IL		
	Zip/Postal Code	61462		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member			
Interest Percentages (enter percentage values	Voting	33.3%	Jointly Held? No	
from 0.0 to 100.0)	Total assets (Equity Debt Plus)		·	
Does interest holder have an attributable interest in one or more broadcast stations No			No	

that do not appear on this report?

Ownership Information				
FRN	0028145308			
Name	Jason Robbins			
Address	PO Box			
	Street 1	55 Public Square		
	Street 2			
	City	Monmouth		
	State ("NA" if non-U.S. address)	IL		
	Zip/Postal Code	61462		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member			
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	33.3%	Jointly Held? No	
	Total assets (Equity Debt Plus)			
Does interest holder have that do not appear on this	an attributable interest in one o report?	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?	
med, as defined in 47 C.F.K. 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	0028145324	Name	Bryon Robbins
FRN	0028145308	Name	Jason Robbins
Relationship	Siblings		

(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

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>Robbins-Treat Resources, LLC</b> Name: <b>Vanessa Wetterling</b> Phone: <b>3097349452</b> 01/16/2019