

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000090876 | Submit Date: 2019-11-22 | FRN: 0003760147

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 11/22/2019

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0003760147	Montana Broadcast Communications, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
620 NE Main	Lewistown	MT	59457	+1 (406) 535- 3441	phyllis@kxlo- klcm.com

2. Contact Representative

Name	Organization	
David D. Oxenford	Wilkinson Barker Knauer, LLP	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1800 M Street, NW Suite 800N	Washington	DC	20036	+1 (202) 783- 4141	doxenford@wbklaw. com

3. Application Filing Fee

Question	Response
Is this application being submitted without a filing fee?	No

Fees

Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
Biennial	Form 323	MAR	1	95	\$70.00
				Total	\$70.00

4. Nature of Respondent

(a) Provide the following information about the Respondent: Relationship to stations/permits Licensee Nature of Respondent For-profit corporation

(b) Provide the following information about this report:				
Purpose	Biennial			
"As of" date	10/01/2019			
	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
Montana Broadcast Communications, Inc.	0003760147

Fac. ID No.	Call Sign	City	State	Service
43559	KQPZ	LEWISTOWN	МТ	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.

Document Information			
Description of contract or instrument	Articles of Incorporation		
Parties to contract or instrument	State of Montana		
Date of execution	06/1974		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Articles of Incorporation		

Document Information

Description of contract or instrument	Bylaws
Parties to contract or instrument	State of Montana
Date of execution	01/1975
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Bylaws

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	0003760147	0003760147		
Entity Name	Montana Broadcast Commun	ications, Inc.		
Address	PO Box			
	Street 1	620 NE Main		
	Street 2			
	City	Lewistown		
	State ("NA" if non-U.S. address)	MT		
	Zip/Postal Code	59457		
	Country (if non-U.S. United States address)			
Listing Type	Respondent	Respondent		
Positional Interests (check all that apply)	Respondent	Respondent		
Tribal Nation or Tribal Entity	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 (Equi	ty Debt 0.0%	
Does interest holder have an attributable interest that do not appear on this report?	t in one or more broadcast station	s No

Ownership Information				
FRN	0019739135			
Name	Frederick D. Lark			
Address	PO Box			
	Street 1	13821 North Wendover Dr.		
	Street 2			
	City	Fountain Hills		
	State ("NA" if non-U.S. address)	AZ		
	Zip/Postal Code	85268		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Stockholder			
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	Voting	51.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	51.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have a	nn attributable interest in one o	r more broadcast stations	Yes	

Ownership Information				
FRN	0019751791	0019751791		
Name	Melody Lark	Melody Lark		
Address	PO Box			
	Street 1	711 W. Boulevard		
	Street 2			
	City	Lewistown		
	State ("NA" if non-U.S. address)	MT		

	Zip/Postal Code	59457		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural Persons Only)	Gender	Female		
	Ethnicity	Not Hispanic or Latino		
	Race	White		
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)			
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	Yes	

Ownership Information				
FRN	0019739150	0019739150		
Name	Luann T. Fortenbery			
Address	PO Box			
	Street 1	607 2nd Street West		
	Street 2			
	City	Lewistown		
	State ("NA" if non-U.S. address)	MT		
	Zip/Postal Code 59457			
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Stockholder			
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	25.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	25.0%		

	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this r	n attributable interest in one or eport?	more broadcast stations	Yes

FRN	0019739184	0019739184		
Name	Bethany Schurz			
Address	PO Box	PO Box		
	Street 1	1891 W. Cameron Bridge Ro	ad	
	Street 2			
	City	Bozeman		
	State ("NA" if non-U.S. address)	MT		
	Zip/Postal Code	59718		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Stockholder	Stockholder		
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	24.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	24.0%	<u>'</u>	
	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	Yes	

(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?

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.

No

(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?

Yes

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

Family Relationships			
FRN	0019739150	Name	Luann T Fortenbery
FRN	0019739184	Name	Bethany Schurz
Relationship	Parent/Child		

Family Relationships				
FRN	0019739135	Name	Frederick D Lark	
FRN	0019739184	Name	Bethany Schurz	
Relationship	Parent/Child			

Family Relationships				
FRN	0019739184	Name	Bethany Schurz	
FRN	0019751791	Name	Melody Lark	
Relationship	Siblings			

Family Relationships				
FRN	0019739135	Name	Frederick D Lark	
FRN	0019751791	Name	Melody Lark	
Relationship	Parent/Child			

Family Relationships			
FRN	0019739150	Name	Luann T Fortenbery
FRN	0019751791	Name	Melody Lark
Relationship	Parent/Child		

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
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.	

3. Organizational Chart (Licensees Only)

Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

Non-Licensee Respondents should select "N/A" in response to this question.

Montana Broadcast Communications, Inc. is a single-level licensee.

Section III - Certification

Certification

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 Exact Legal Title or Name of Respondent: Montana Broadcast Communications, Inc. Name: Frederick D Lark Phone: 4065353441 11/22/2019