

(REFERENCE COPY - Not for submission)

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

File Number: 0000092499 | Submit Date: 2019-12-03 | FRN: 0003761897

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 12/03/2019

Filing Status: Active

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

#### 1. Respondent

FRN	Entity Name
0003761897	Missouri Valley Broadcasting, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
P.O. Box 128	Marshall	МО	65340	+1 (660) 886- 7422	pete@kmmo.

### 2. Contact Representative

Name	Organization		
Matthew H. McCormick, Esq.	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- 0400	mccormick@fhhlaw.

# 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	2	95	\$140.00
				Total	\$140.00

# 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
Missouri Valley Broadcasting, Inc.	0003761897

Fac. ID No.	Call Sign	City	State	Service
43226	KMMO-FM	MARSHALL	МО	FM
43228	КММО	MARSHALL	МО	AM

### **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 Missouri		
Date of execution	10/1984		
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	By-Laws		
Parties to contract or instrument	Missouri Valley Broadcasting, Inc.		
Date of execution	11/1984		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: By-Laws		

Document Information		
Description of contract or instrument	Agreement	
Parties to contract or instrument	Marvin Luehrs and John Wilson	
Date of execution	04/1987	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Stockholders Agreement	

### 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	0003761897	0003761897	
Entity Name	Missouri Valley Broadcasting,	Missouri Valley Broadcasting, Inc.	
Address	PO Box	PO Box	
	Street 1	P.O. Box 128	
	Street 2		
	City	Marshall	
	State ("NA" if non-U.S. address)	MO	
	Zip/Postal Code	65340	

	Country (if non-U.S. address)	United States		
Listing Type	Respondent	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	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 an attributable interest in one or more broadcast stations No that do not appear on this report?			No	

Ownership Information			
FRN	0019415017	0019415017	
Name	Marvin E. Luehrs	Marvin E. Luehrs	
Address	PO Box	PO Box	
	Street 1	6817 Country Lakes Circle	
	Street 2		
	City	Sarasota	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	Zip/Postal Code 34243	
	Country (if non-U.S. United States address)		
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, 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	45.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	45.0%	
	Total assets (Equity Debt Plus)		
	Does interest holder have an attributable interest in one or more broadcast stations  No that do not appear on this report?		No

#### **Ownership Information**

FRN	0019415009		
Name	John A. Wilson		
Address	PO Box	PO Box	
	Street 1	184 Osage Trails Drive	
	Street 2		
	City	Climax Springs	
	State ("NA" if non-U.S. address)		
	Zip/Postal Code	65324	
	Country (if non-U.S. United States address)		
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder		
Citizenship, Gender,			
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	15.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	15.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one or report?	r more broadcast stations	No

Ownership Information		
FRN	0023170400	
Name	Peter C. Hollabaugh	
Address	PO Box	
	Street 1	1053 S. Lafayette Avenue
	Street 2	
	City Marshall	
	State ("NA" if non-U.S. MO address)	
	Zip/Postal Code 65340	
	Country (if non-U.S. United States address)	
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	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	5.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	5.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information			
FRN	0027143387		
Name	Susan N. Sudbrink		
Address	PO Box		
	Street 1	3868 131st Street	
	Street 2		
	City	Chippewa Falls	
	State ("NA" if non-U.S. address)	WI	
	Zip/Postal Code 54729		
	Country (if non-U.S. United States address)		
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	35.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	35.0%	
	Total assets (Equity Debt Plus)		
	Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		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.	

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?	No
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"	
nto 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	
pasis 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 interor related to each other as parentchild or as siblings?  If "Yes," provide the following information for each such the related	·
(e) Is Respondent seeking an attribution exemption for any duties wholly unrelated to the Licensee(s)?	officer or director with No
	mit an Exhibit fully describing

3. Organizational **Chart (Licensees** Only)

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.

Licensee has no parent entities

### 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: Vice President Exact Legal Title or Name of Respondent: Missouri Valley Broadcasting, Inc. Name: John Wilson Phone: 6608867422