

Not Applicable

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

 File Number:
 0000097713
 Submit Date:
 2020-01-15
 FRN:
 0007683287

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 01/15/2020

 Filing Status:
 Active
 Active
 Status
 Active
 Status

Section I - General Information

1. Respondent

FRN	Entity Name
0007683287	Route 66 Broadcasting, LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
812 E. Beale St.	Kingman	AZ	86401	+1 (928) 753- 9100	saleskgmn@gmail. com

2. Contact Representative

	tion
CARI JO HOKANSON KZKE	

			Zip		
Street Address	City (and Country if non U.S. address)	State	Code	Phone	Email
812 E. Beale St. Suite 1100	Kingman	AZ	86401	+1 (928) 753-9100	saleskgmn@gmail.com

3. Application Filing Fee

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 liability company	

(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.

and Station(s)

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

Licensee/Permittee Name			FRN	
Route 66 Broadcasting, LLC		0007683287		
Fac. ID No.	Call Sign	City	State	Service
56339	KZKE	SELIGMAN	AZ	FM

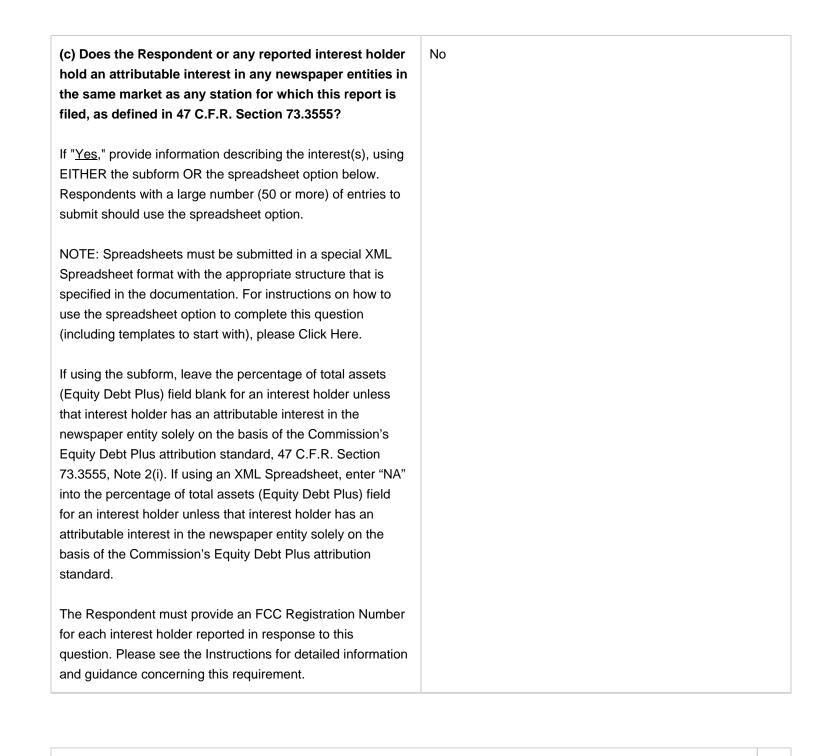
Section II – Biennial Ownership Information

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	generating a series of subforms itself. If the Respondent is not a non-insulated members, and an standards set forth in 47 C.F.R. or entities.) List each interest ho Leave the percentage of total as attributable interest in the Respo Section 73.3555, Note 2(i). In the case of vertical or indirect attributable interest in the Licent Entities that are part of an organ separate ownership reports. In s an attributable interest in the Licent Please see the Instructions for f	Question requires Respondents to enter detailed information about ownership interests by s. Answer each question on each subform. The first subform listing should be for the Respondent a natural person, also list each of the officers, directors, stockholders, non-insulated partners, ny other persons or entities with a direct attributable interest in the Respondent pursuant to the s. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies nolder with a direct attributable interest in the Respondent separately. assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an bondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. et ownership structures, list only those interests in the Respondent that also represent an nsee(s) for which the report is being submitted. anizational structure that includes holding companies or other forms of indirect ownership must file such a structure do not report, or file a separate report for, any interest holder that does not have icensee(s) for which the report is being submitted. further detail concerning interests that must be reported in response to this question. an FCC Registration Number for each interest holder reported in response to this question. detailed information and guidance concerning this requirement.		
	Ownership Information			
	FRN	0007683287		
	Entity Name	Route 66 Broadcasting, LLC		
	Address	PO Box		
		Street 1	812 E. Beale St.	
		Street 2		
City Kir		Kingman		
		State ("NA" if non-U.S. address)	AZ	
		Zip/Postal Code	86401	
		Country (if non-U.S.United Statesaddress)		
	Listing Type	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 that do not appear on this	an attributable interest in one o report?	or more broadcast stations	No

Ownership Information FRN 0027310218 Name Joe E. Hart Address **PO Box** Street 1 812 E. BEALE STREET Street 2 KINGMAN City State ("NA" if non-U.S. ΑZ address) **Zip/Postal Code** 86402 Country (if non-U.S. **United States** address) Listing Type Other Interest Holder **Positional Interests** LC/LLC/PLLC Member (check all that apply) US Citizenship, Gender, Citizenship Ethnicity, and Race Gender Male Information (Natural Persons Only) Ethnicity Not Hispanic or Latino White Race **Interest Percentages** Voting 100.0% **Jointly Held?** (enter percentage values No from 0.0 to 100.0) Equity 100.0% **Total assets (Equity Debt** Plus) Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?

(b) Respondent certifies that any interests, including equity, financial, or votingYesinterests, 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 withNoduties 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	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: MANAGER Exact Legal Title or Name of Respondent: CARI JO HOKANSON Name: CARI JO HOKANSON Phone: 9287539100 01/15/2020