

FRN

0019873470

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000101868 Submit Date: 2020-01-29 FRN: 0017019803 Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 01/29/2020 Filing Status: Active

Section I - General Information

Diamond Hill Equity Corp.

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
Four Tower Bridge, Suite 400 200 Barr Harbor Drive	W. Conshohocken	ΡΑ	19428	+1 (610) 941-2732	pmoses@diamondhillequity. com

2. Contact Representative

Name	Organization
Melodie A. Virtue, Esq.	Foster Garvey PC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1000 Potomac Street, N.W., Suite 200	Washington	DC	20007	+1 (202) 965- 7880	melodie.virtue@foster. com

3. Application **Filing Fee**

Not	Applicable
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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

Validation and resubmission of a previously filed biennial report (certifying no changes from the previously filed
biennial report)
0000046099

"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	FRN		
Bicoastal Media Licenses V, LLC			0017019902	0017019902		
Fac. ID No.	State	Service				
35077	KLOO-FM	CORVALLIS	OR	FM		
39483	KRKT-FM	ALBANY	OR	FM		
39485	КТНН	ALBANY	OR	AM		
39573	KEJO	CORVALLIS	OR	AM		
39574	KFLY	CORVALLIS	OR	FM		
40845	KODZ	EUGENE	OR	FM		
40846	KPNW	EUGENE	OR	AM		
54010	KDUK-FM	FLORENCE	OR	FM		
67594	KLOO	CORVALLIS	OR	AM		

Licensee/Permittee Name	FRN	
Bicoastal Media Licenses VI, LLC	0017020009	

Fac. ID No.	Call Sign	City	State	Service
14352	KMED	MEDFORD	OR	AM
27229	KRWQ	GOLD HILL	OR	FM
40983	KLDZ	MEDFORD	OR	FM
42657	KIFS	ASHLAND	OR	FM
60181	KYVL	EAGLE POINT	OR	FM
185438	KCMD	GRANTS PASS	OR	FM

Licensee/Permittee Name	FRN
Bicoastal Media Licenses II, LLC	0017019829

Fac. ID No.	Call Sign	City	State	Service
35529	KGOE	EUREKA	CA	AM
35530	KRED	EUREKA	СА	FM
37153	KPOD-FM	CRESCENT CITY	CA	FM

41243	KFMI	EUREKA	CA	FM
41244	КАТА	ARCATA	CA	AM
52106	KCRE-FM	CRESCENT CITY	CA	FM
61580	ККНВ	EUREKA	CA	FM
72537	KPOD	CRESCENT CITY	CA	AM

Licensee/Permittee Name	FRN	
Bicoastal Media Licenses III, LLC	0017019878	

Fac. ID No.	Call Sign	City	State	Service
4080	KTEE	NORTH BEND	OR	FM
5210	KOOS	NORTH BEND	OR	FM
5212	KBBR	NORTH BEND	OR	АМ
13872	KSHR-FM	COQUILLE	OR	FM
13874	KWRO	COQUILLE	OR	AM
13875	KBDN	BANDON	OR	FM
20434	КЈМХ	REEDSPORT	OR	FM

Licensee/Permittee Name	FRN	
Bicoastal Media Licenses IV, LLC	0016986606	

Fac. ID No.	Call Sign	City	State	Service
2813	KRQT	CASTLE ROCK	WA	FM
2814	KBAM	LONGVIEW	WA	AM
12433	KIHR	HOOD RIVER	OR	AM
12434	KCGB-FM	HOOD RIVER	OR	FM
12439	KMSW	THE DALLES	OR	FM
32996	KELA	CENTRALIA-CHEHALIS	WA	AM
38379	KEDO	LONGVIEW	WA	AM
49856	KACI-FM	THE DALLES	OR	FM
49857	KACI	THE DALLES	OR	AM
71007	KLYK	KELSO	WA	FM
162476	KMNT	CHEHALIS	WA	FM
164098	КРРК	RAINIER	OR	FM

Licensee/Permittee Name

al Media Licenses, LLC

FRN 0017019803

Fac. ID No.	Call Sign	City	State	Service
20025	KNTI	LAKEPORT	CA	FM

31619	кикі	UKIAH	СА	AM
31620	KUKI-FM	UKIAH	СА	FM
49198	KXBX-FM	LAKEPORT	СА	FM
49201	КХВХ	LAKEPORT	СА	AM
51880	KDAC	FORT BRAGG	СА	AM
65249	КQРМ	UKIAH	СА	FM
65697	KLLK	WILLITS	СА	АМ

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	0019873470		
Entity Name	Diamond Hill Equity Corp.		
Address	PO Box		
	Street 1	Four Tower Bridge, Suite 400	
	Street 2	200 Barr Harbor Drive	
	City	W. Conshohocken	
	State ("NA" if non-U.S. address)	PA	
	Zip/Postal Code	19428	

Ownership Information

	Country (if non-U.S. address)	United States	
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 ar that do not appear on this re	attributable interest in one of port?	r more broadcast stations	No

Ownership Information				
FRN	0019374883	0019374883		
Name	Brian J. Parente	Brian J. Parente		
Address	ddress PO Box			
	Street 1	965 Fifth Avenue, Apt. 8A		
	Street 2			
	City	New York		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	10075		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Director, Owner, Stoc	kholder, Other - President		
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	50.0%	Jointly Held? No	
from 0.0 to 100.0) Equity	Equity	50.0%		
Total assets (Equity Debt Plus)		0.0%		
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No	

FRN	0019350164	0019350164		
Name	Paul A. Moses	Paul A. Moses		
Address	PO Box			
	Street 1	554 Woodford Road		
	Street 2			
	City	North Wales		
	State ("NA" if non-U.S. address)	PA		
	Zip/Postal Code	19454		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	·		
Positional Interests (check all that apply)	Officer, Director, Owner, Stock	kholder, Other - Vice President		
Citizenship, Gender, Ethnicity, and Race Information (Natural	Citizenship	US		
	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	50.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	50.0%	·	
	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		
	t any interests, including equit is filing are non-attributable. n explanation.	y, financial, or voting	Yes	



(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 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.

Certificatio	n

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: Diamond Hill Equity Corp. Name: Paul Moses Phone: 6109412732 01/29/2020