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(REFERENCE COPY - Not for submission)

FRN

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

 File Number:
 0000103882
 Submit Date:
 2020-01-31
 FRN:
 0004200978

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 01/31/2020

 Filing Status:
 Active
 Status
 Status Date:
 01/31/2020

Section I - General Information

1. Respondent

Entity Name

00279376	0027937648 Herbert		A. Hoppe Revocable Trust			
Street Address	City (and Country U.S. address)	y if non	State ("NA" if non-U. S. address)	Zip Code	Phone	Email
PO Box 366	Sauk Rapids		MN	56379- 0366	+1 (320) 252-6200	gary.e. hoppe@tricountybroadcasting.

2. Contact Representative

Name	Organization
Gregg P. Skall, Esq.	Womble Bond Dickinson (US) LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1200 19th Street, NW Suite 500	Washington	DC	20036	+1 (202) 857- 4441	Greg.Skall@wbd-us. com

3. Application Filing Fee

Not Applicable

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	Other Trust	

(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.

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

Licensee/Permittee Name	FRN
Tri-County Broadcasting, Inc.	0004200978

Fac. ID No.	Call Sign	City	State	Service
26980	WBHR	SAUK RAPIDS	MN	АМ
67694	WHMH-FM	SAUK RAPIDS	MN	FM
78914	WVAL	SAUK RAPIDS	MN	АМ
141856	W293CS	HINCKLEY	MN	FX
141860	W297BO	HINCKLEY	MN	FX
161428	WMIN	SAUK RAPIDS	MN	АМ
161448	WXYG	SAUK RAPIDS	MN	АМ
202610	W239CU	SAUK RAPIDS	MN	FX
202611	W272EG	SAUK RAPIDS	MN	FX

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	0027937648
Entity Name	Herbert M. Hoppe Revocable Trust

Address	PO Box	366		
	Street 1			
	Street 2			
	City	Sauk Rapids		
	State ("NA" if non-U.S. address)	MN		
	Zip/Postal Code	56379-0366		
	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 that do not appear on this	an attributable interest in one o	r more broadcast stations	No	

Ownership Information			
FRN	0020090148	0020090148	
Name	Kurtis M. Hoppe		
Address	PO Box	366	
	Street 1		
	Street 2		
	City	Sauk Rapids	
	State ("NA" if non-U.S. address)	MN	
	Zip/Postal Code	56379-0366	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Trustee		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	

Ownership Information

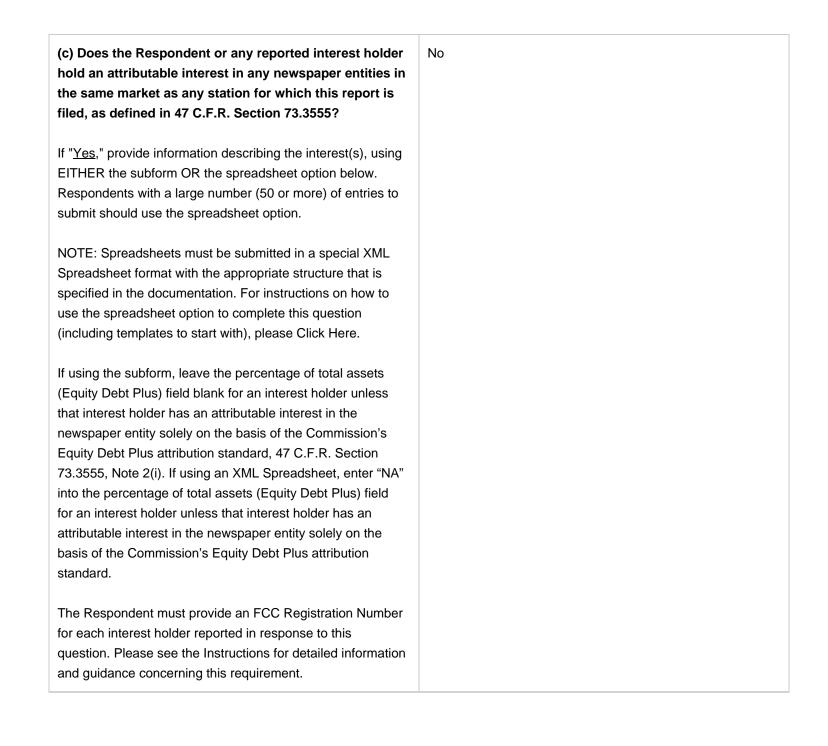
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	33.3%	Jointly Held? No	
	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No	

Ownership Inf	ormation
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	0020080744		
FRN	0020089744		
Name	Mark A. Hoppe		
Address	PO Box	366	
	Street 1		
	Street 2		
	City	Sauk Rapids	
	State ("NA" if non-U.S. address)	MN	
	Zip/Postal Code	56379-0366	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Trustee		
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 from 0.0 to 100.0)	Voting	33.3%	Jointly Held? No
	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 c report?	r more broadcast stations	No

Ownership Information		
FRN	0029175825	
Name	Keith P. Hoppe	
Address	PO Box	366
	Street 1	
	Street 2	

	City	Sauk Rapids	
	State ("NA" if non-U.S. address)	MN	
	Zip/Postal Code	56379-0366	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Trustee		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	33.3%	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 c report?	r more broadcast stations	No
	at any interests, including equi his filing are non-attributable. an explanation.	ty, financial, or voting	Yes



(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	0020089744	Name	Mark A Hoppe
FRN	0029175825	Name	Keith P Hoppe
Relationship	Siblings		

Family Relationships

FRN	0020090148	Name	Kurtis M Hoppe
FRN	0029175825	Name	Keith P Hoppe
Relationship	Siblings		

Family Relationships

FRN	0020090148	Name	Kurtis M Hoppe
FRN	0020089744	Name	Mark A Hoppe
Relationship	Siblings		

(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: C.O.O. Exact Legal Title or Name of Respondent: Herbert M. Hoppe Revocable Trust Name: Gary E. Hoppe Phone: 3202526200 01/31/2020