



(REFERENCE COPY - Not for submission)

# Noncommercial Broadcast Stations Non-Biennial Ownership Report (FCC Form 323-E)

File Number: **0000116705** | Submit Date: **2020-06-29** | FRN: **0022197586**

Purpose: **Noncommercial Broadcast Stations Non-Biennial Ownership Report** | Status: **Received** | Status Date:

**06/29/2020** | Filing Status: **Active**

## Section I - General Information

### 1. Respondent

FRN		Entity Name			
0022197586		Athabaskan Fiddlers Association, Inc.			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
701 BIDWELL AVENUE SUITE 301	FAIRBANKS	AK	99701	+1 (907) 388-5651	ANN@KRFF891.COM

### 2. Contact Representative

Name		Organization			
Barry S. Persh		Gray Miller Persh LLP			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2233 Wisconsin Ave., NW Suite 226	Washington	DC	20007	+1 (202) 776-2458	bpersh@graymillerpersh.com

### 3. Application Filing Fee

Not Applicable

### 4. Control of Respondent

(a) Provide the following information about the Respondent:

Relationship to stations/permits	Licensee	
Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity?	No	

(b) Provide the following information about this report:

Purpose	Transfer of control or assignment of license/permit
"As of" date	06/29/2020  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) /Permittees(s) and Station(s) /Permit(s)

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

Licensee/Permittee Name	FRN
Athabaskan Fiddlers Association, Inc.	0022197586

Fac. ID No.	Call Sign	City	State	Service
173890	KRFF	FAIRBANKS	AK	FM
198722	KTKF	TOK	AK	FM
199589	KNNA-FM	NENANA	AK	FM
203344	KRLL-FM	CIRCLE	AK	FM

Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 Documents

Licensee/Permittee Respondents 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. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select “Other.” Non-Licensee/Permittee Respondents should select “Not Applicable” in response to this question.

Document Information	
Description of contract or instrument	BYLAWS/ARTICLES OF INCORPORATION
Parties to contract or instrument	ATHABASCAN FIDDLERS ASSOCIATION, INC.
Date of execution	10/2001
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: BYLAWS/ARTICLES OF INCORPORATION

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, members of the governing board (or other governing entity), stockholders, 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) or Permittee(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) or Permittee(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	0022197586

Entity Name	Athabaskan Fiddlers Association, Inc.		
Address	PO Box		
	Street 1	701 BIDWELL AVENUE	
	Street 2	SUITE 301	
	City	FAIRBANKS	
	State ("NA" if non-U.S. address)	AK	
	Zip/Postal Code	99701	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
Positional Interests (check all that apply)	Respondent		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information		
FRN	9990117984	
Name	Roy David	
Address	PO Box	437
	Street 1	
	Street 2	
	City	Tok
	State ("NA" if non-U.S. address)	AK
	Zip/Postal Code	99780
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired	
By Whom Appointed or Elected	Board of Directors	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	25.0%
	Total assets (Equity Debt Plus)	0.0%

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?	No
---	----

Ownership Information		
FRN	9990118005	
Name	Ken Charlie	
Address	PO Box	69
	Street 1	
	Street 2	
	City	Minto
	State ("NA" if non-U.S. address)	AK
	Zip/Postal Code	99758
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired	
By Whom Appointed or Elected	Board of Directors	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	25.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990118007	
Name	Rose Lund	
Address	PO Box	
	Street 1	16800 Betty Jean Street
	Street 2	
	City	Anchorage
	State ("NA" if non-U.S. address)	AK
	Zip/Postal Code	99516
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)		
<b>Principal Profession or Occupation</b>	Employee of FEDEX		
<b>By Whom Appointed or Elected</b>	Board of Directors		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	25.0%	
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			No

<b>Ownership Information</b>			
<b>FRN</b>	9990118008		
<b>Name</b>	Pauly Jerue		
<b>Address</b>	<b>PO Box</b>		
	<b>Street 1</b>	3149 Wilson Street	
	<b>Street 2</b>		
	<b>City</b>	Anchorage	
	<b>State ("NA" if non-U.S. address)</b>	AK	
	<b>Zip/Postal Code</b>	99517	
	<b>Country (if non-U.S. address)</b>	United States	
<b>Listing Type</b>	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)		
<b>Principal Profession or Occupation</b>	Retired		
<b>By Whom Appointed or Elected</b>	Board of Directors		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	25.0%	
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			No

<b>Ownership Information</b>		
<b>FRN</b>	9990118009	
<b>Name</b>	Delores Ann Fears	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	1870 Alaska Way
	<b>Street 2</b>	

	<b>City</b>	Fairbanks	
	<b>State ("NA" if non-U.S. address)</b>	AK	
	<b>Zip/Postal Code</b>	99709	
	<b>Country (if non-U.S. address)</b>	United States	
<b>Listing Type</b>	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Other - General Manager for Athabascan Fiddlers Association		
<b>Principal Profession or Occupation</b>	General Manager for Athabascan Fiddlers Association		
<b>By Whom Appointed or Elected</b>	Board of Directors		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%	
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No	
<b>(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.</b> If "No," submit as an exhibit an explanation.		Yes	

<b>(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</b>  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.	No
---	----

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 LICENSE --OR 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: <b>General Manager</b> Exact Legal Title or Name of Respondent: <b>Athabascan Fiddlers Association, Inc.</b> Name: <b>Delores Ann Fears</b> Phone: <b>9073749777</b>  06/29/2020

