

Commercial Broadcast Stations Non-Biennial Ownership Report (FCC Form 323)

 File Number:
 0000150297
 Submit Date:
 2021-06-16
 FRN:
 0005020821

 Purpose:
 Commercial Broadcast Stations Non-Biennial Ownership Report
 Status:
 Received
 Status Date:

 06/16/2021
 Filing Status:
 Active
 Status:
 Status:
 Status Date:

Section I - General Information

1. Respondent

FRN	Entity Name
0025733726	The Kenley D. Squier Living Trust

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
12380 SW 140th Loop	Dunnellon	FL	34432	+1 (352) 877- 4110	gawright@gmail. com

2. Contact Representative

Name	Organization
Gregory L. Masters	Wiley Rein LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1776 K Street NW	Washington	DC	20006	+1 (202) 719-7370	gmasters@wiley.law

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	Transfer of control or assignment of license/permit		
"As of" date	06/11/2021		
	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.		

/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	
Radio Vermont, Inc.			0005020797	
Fac. ID No.	Call Sign	City	State	Service
54866	WDEV	WATERBURY	VT	AM
54867	WDEV-FM	WARREN	VT	FM
54868	WLVB	MORRISVILLE	VT	FM

Licensee/Permittee	lame		FRN		
Radio Vermont Classics, LLC			000502082	0005020821	
Fac. ID No.	Call Sign	City	State	Service	

Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents	through (c) for the facility or facili attributable Joint Sales Agreeme the agreement is an attributable	ties listed on this report. In addit nts (JSAs) must be disclosed by LMA, an attributable JSA, or a ne	er instruments set forth in 47 C.F.R. Section 73.3613(a) ion, attributable Local Marketing Agreements (LMAs) and the licensee of the brokering station on its ownership report. If etwork affiliation agreement, check the appropriate box. 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 any standards set forth in 47 C.F.R. S or entities.) List each interest hol	uestion requires Respondents to enter detailed information about ownership interests by . Answer each question on each subform. The first subform listing should be for the Respondent natural person, also list each of the officers, directors, stockholders, non-insulated partners, y other persons or entities with a direct attributable interest in the Respondent pursuant to the Section 73.3555. (A "direct" interest is one that is not held through any intervening companies older with a direct attributable interest in the Respondent separately.			
	· -		Commission's Equity Debt Plus attribution standard, 47 C.F.R.		
	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	0025733726			
	Entity Name	The Kenley D. Squier Living Tr	ust		
	Address	PO Box			
		Street 1	12380 SW 140th Loop		
		Street 2			

	City	Dunnellon	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	34432	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
Positional Interests (check all that apply)	Respondent		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have ar that do not appear on this re	attributable interest in one or port?	more broadcast stations	No

Ownership Information				
FRN	0030672935			
Name	Glen Wright			
Address	PO Box			
	Street 1	12380 SW 140th Loop		
	Street 2			
	City	Dunnellon		
	State ("NA" if non-U.S. address)	FL		
	Zip/Postal Code	34432		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - Trustee			
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No	
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have that do not appear on this	an attributable interest in one c report?	or more broadcast stations	No	
(b) Respondent certifies th	at any interests, including equi	ity, financial, or voting	Yes	

interests, 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 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.

Certif	ication

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: Trustee of the Kenley D. Squier Living Trust Exact Legal Title or Name of Respondent: The Kenley D. Squier Living Trust Name: Glen Wright
		Phone: 3528774110 06/16/2021