

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000168433 | Submit Date: 2021-11-12 | FRN: 0016305252

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 11/12/2021

Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name
0031580434		Thompson Family Holdings, LLC

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
c/o Armada Media Corporation 258 South Main St.	Fond du Lac	WI	54935	+1 (414) 234-0882	jtthompson@michaelbest.

2. Contact Representative

Name	Organization	
Jason T. Thompson	Thompson Family Holdings, LLC	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
c/o Armada Media Corporation 258 South Main St.	Fond du Lac	WI	54935	+1 (414) 234- 0882	jtthompson@michaelbest. com

3. Application Filing Fee

Not Applicable

4. Nature of Respondent

(a) Provide the following information about the F	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	10/01/2021
	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.

5. Licensee(s) and Station(s)

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

Licensee/Permittee Name	FRN
Armada Media - McCook, Inc.	0016305252

Fac. ID No.	Call Sign	City	State	Service
9931	KODY	NORTH PLATTE	NE	AM
9934	KXNP	NORTH PLATTE	NE	FM
37132	KFNF	OBERLIN	KS	FM
57516	KBRL	мссоок	NE	AM
57517	KICX-FM	мссоок	NE	FM
84864	KJBL	JULESBURG	СО	FM
85760	KSTH	HOLYOKE	СО	FM
86863	KHAQ	MAXWELL	NE	FM
88537	KADL	IMPERIAL	NE	FM
166033	KQHK	мссоок	NE	FM

Licensee/Permittee Name	FRN
AMC Partners Escanaba, LLC	0024178485

Fac. ID No.	Call Sign	City	State	Service
47119	WCHT	ESCANABA	MI	AM
47120	WGLQ	ESCANABA	MI	FM
51159	WGMV	STEPHENSON	MI	FM
73992	WTIQ	MANISTIQUE	MI	AM
73995	WCMM	GULLIVER	MI	FM
86354	WGKL	GLADSTONE	MI	FM
164243	WUPZ	CHOCOLAY TOWNSHIP	MI	FM
164244	WUPT	GWINN	MI	FM
164245	WUPF	POWERS	MI	FM
164246	WUPG	REPUBLIC	MI	FM

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	0031580434	0031580434			
Entity Name	Thompson Family Holdings, I	Thompson Family Holdings, LLC			
Address	PO Box				
	Street 1	c/o Armada Media Corporation			
	Street 2	258 South Main St.			
	City	Fond du Lac			
	State ("NA" if non-U.S. address)	WI	WI		
	Zip/Postal Code	54935			
	Country (if non-U.S. address)	United States			
Listing Type	Respondent	Respondent			
Positional Interests (check all that apply)	Respondent	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?			
from 0.0 to 100.0)	Equity	0.0%			
	Total assets (Equity Debt 0.0% Plus)				

Does interest holder have an attributable interest in one or more broadcast stations
that do not appear on this report?

No

Ownership Information				
FRN	9990144730			
Name	Jason T. Thompson	Jason T. Thompson		
Address	РО Вох			
	Street 1 c/o Armada Media Corporation			
	Street 2	Street 2 258 South Main St.		
	City	Fond du Lac		
	State ("NA" if non-U.S. address)			
	Zip/Postal Code	Zip/Postal Code 54395		
	Country (if non-U.S. United States address)			
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - LLC Manager			
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	20.0% Jointly Held?		
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)			
	Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?			

Ownership Information			
FRN	9990145100		
Name	Sue Ann Thompson		
Address	PO Box		
	Street 1	c/o Armada Media Corporation	
	Street 2	258 South Main St.	
	City	Fond du Lac	
	State ("NA" if non-U.S. address)	WI	
	Zip/Postal Code	54935	

	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - LLC Manager			
Citizenship, Gender,	Citizenship	us		
Ethnicity, and Race Information (Natural Persons Only)	Gender	Female		
	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	20.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No	

Ownership Information				
FRN	9990145101			
Name	Kelli Thompson	Kelli Thompson		
Address	PO Box			
	Street 1	c/o Armada Media Corporation		
	Street 2	258 South Main St.		
	City	Fond du Lac		
	State ("NA" if non-U.S. address)	WI		
	Zip/Postal Code	54935		
	Country (if non-U.S. United States address)			
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - LLC Manager			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0% Jointly Held?		
	Equity	0.0%		
	Total assets (Equity Debt Plus)			

Does interest holder have an attributable interest in one or more broadcast stations	
that do not appear on this report?	

No

Ownership Information				
FRN	9990145102			
Name	Tommi Thompson	Tommi Thompson		
Address	PO Box			
	Street 1	c/o Armada Media Corporation		
	Street 2	258 South Main St.		
	City	Fond du Lac		
	State ("NA" if non-U.S. WI address)			
	Zip/Postal Code	54935		
	Country (if non-U.S. United States address)			
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - LLC Manager			
Citizenship, Gender,	Citizenship US			
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	20.0% Jointly Held?		
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have a that do not appear on this r	n attributable interest in one o	r more broadcast stations	No	

Ownership Information				
FRN	0020026381			
Name	Tommy G. Thompson			
Address	PO Box			
	Street 1 c/o Armada Media Corporation			
	Street 2	258 South Main St.		
	City Fond du Lac			
	State ("NA" if non-U.S. address)	WI		
	Zip/Postal Code 54935			

	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other	LC/LLC/PLLC Member, Other - LLC Manager		
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	20.0%	Jointly Held? 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 that do not appear on this report?			Yes	
(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.			Yes	

(c) Does the Respondent or any reported interest holder hold an attributable interest in any newspaper entities in the same market as any station for which this report is filed, as defined in 47 C.F.R. Section 73.3555?

If "Yes," provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below. Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option.

NOTE: Spreadsheets must be submitted in a special XML Spreadsheet format with the appropriate structure that is specified in the documentation. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), please Click Here.

If using the subform, 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 newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i). If using an XML Spreadsheet, enter "NA" into the percentage of total assets (Equity Debt Plus) field for an interest holder unless that interest holder has an attributable interest in the newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard.

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.

No

(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

Family Relationships			
FRN	9990144730	Name	Jason T. Thompson
FRN	9990145100	Name	Sue Ann Thompson
Relationship	Siblings		

Family Relationships				
FRN	9990144730	Name	Jason T. Thompson	
FRN	9990145101	Name	Kelli Thompson	
Relationship	Siblings			

Family Relationships				
FRN	9990144730	Name	Jason T. Thompson	
FRN	9990145102	Name	Tommi Thompson	
Relationship	Siblings			

Family Relationships			
FRN	0020026381	Name	Tommy G Thompson
FRN	9990144730	Name	Jason T. Thompson
Relationship	Parent/Child		

Family Relationships			
FRN	0020026381	Name	Tommy G Thompson
FRN	9990145100	Name	Sue Ann Thompson
Relationship	Parent/Child		

Family Relationships			
FRN	0020026381	Name	Tommy G Thompson
FRN	9990145101	Name	Kelli Thompson
Relationship	Parent/Child		

Family Relationships			
FRN	0020026381	Name	Tommy G Thompson
FRN	9990145102	Name	Tommi Thompson
Relationship	Parent/Child		

Family Relationships

FRN	9990145100	Name	Sue Ann Thompson
FRN	9990145101	Name	Kelli Thompson
Relationship	Siblings		

Family Relationships			
FRN	9990145100	Name	Sue Ann Thompson
FRN	9990145102	Name	Tommi Thompson
Relationship	Siblings		

Family Relationships			
FRN	9990145101	Name	Kelli Thompson
FRN	9990145102	Name	Tommi Thompson
Relationship	Siblings		

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?

No

If "Yes," 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: Thompson Family Holdings, LLC Name: Jason T Thompson Phone: 4142340882 11/12/2021