

### Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

 File Number:
 0000171460
 Submit Date:
 2021-11-24
 FRN:
 0020014940

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 11/24/2021

 Filing Status:
 Active
 Status
 Status Date:
 11/24/2021

#### **Section I - General Information**

#### 1. Respondent

 FRN
 Entity Name

 0020014940
 HomeNet, Inc.

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
14443 Armstrong Blvd NW	Ramsey	MN	55303	+1 (763) 412- 4637	denniscarpenter@gmail. com

#### 2. Contact Representative

Name	Organization
Gregg P. Skall	Telecommunications Law Professionals PLLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1025 Connecticut Ave, NW Suite 1011	Washington	DC	20036	+1 (202) 789-3121	gskall@tlp.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	For-profit corporation

(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 the	his report to cover th	ne following Licensee(s) a	nd station(s	):	
Licensee/Permittee Nat	me		FRN		
Milestone Radio II, LLC			00099	69494	
Fac. ID No.	Call Sign	City		State	Service
84475	KBGY	FARIBAULT		MN	FM
Licensee/Permittee Na	me		FRN		
Milestone Radio, LLC			00049	57783	
Fac. ID No.	Call Sign	City		State	Service
59617	KLCI	ELK RIVER		MN	FM

Licensee/Permitte	e Name		FRN	
Lakes Broadcasting	g Company, Inc.		0007704646	
Fac. ID No.	Call Sign	City	State	Service
	-			
36404	WLKX-FM	FOREST LAKE	MN	FM

PRINCETON

**BIG LAKE** 

MN

ΜN

AM

FΧ

Section II – Biennial Ownership Information

WQPM

W298CE

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.

59618

141749

2. Ownership Interests

1.47 C.F.R.

and Other

Documents

Section 73.3613

(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	0020014940		
Entity Name	HomeNet, Inc.		
Address	PO Box		
	Street 1	14443 Armstrong Blvd NW	
	Street 2		
	City	Ramsey	
	State ("NA" if non-U.S. address)	MN	
	Zip/Postal Code	55303	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
<b>Positional Interests</b> (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 c report?	r more broadcast stations	No

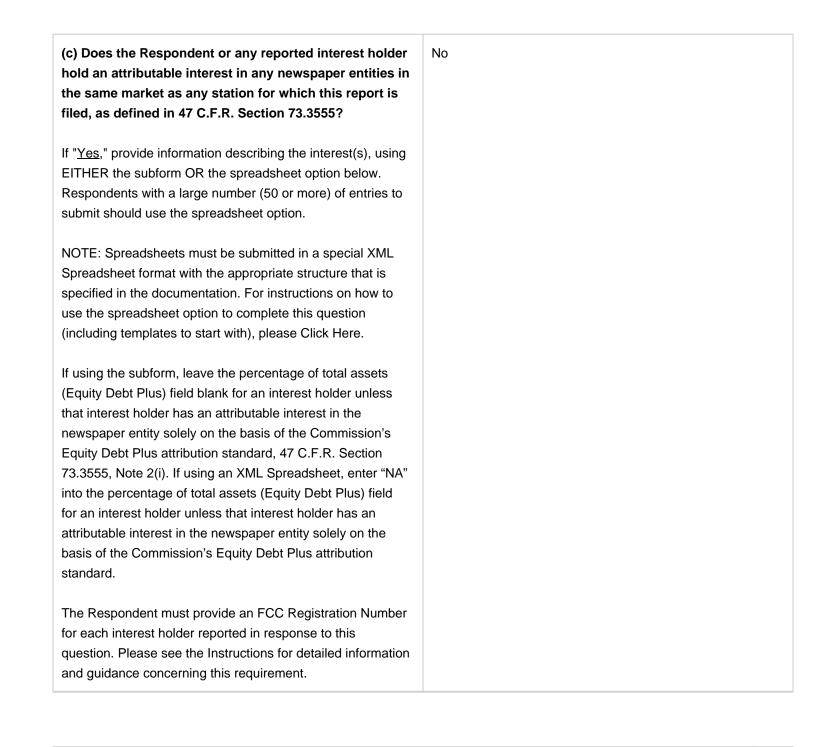
#### **Ownership Information**

FRN	0020015087	
Name	Renae Peters	
Address	PO Box	
	Street 1	4601 W. SAHARA
	Street 2	SUITE L
	City	LAS VEGAS
	State ("NA" if non-U.S. address)	NV
	Zip/Postal Code	89201
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Officer, Director	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race		

Information (Natural Persons Only)	Gender	Female Not Hispanic or Latino	
	Ethnicity		
	Race	White	
Interest Percentages (enter percentage values	Voting	0.0%	<b>Jointly Held?</b> Yes
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 report?	r more broadcast stations	No

Ownership Information				
FRN	0020015046			
Name	Daniel Peters			
Address	PO Box			
	Street 1	4601 W. SAHARA		
	Street 2	SUITE L		
	City	LAS VEGAS		
	State ("NA" if non-U.S. address)	NV		
	Zip/Postal Code	89102		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Director, Stockholder	Officer, Director, Stockholder		
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	100.0%	<b>Jointly Held?</b> Yes	
from 0.0 to 100.0)	Equity	100.0%	-	
	Total assets (Equity Debt Plus)	100.0%		
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No	

(b) Respondent certifies that any interests, including equity, 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 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	0020015046	Name	Daniel Peters
FRN	0020015087	Name	Renae Peters
Relationship	Spouses		

# (e) Is Respondent seeking an attribution exemption for any officer or director with<br/>duties wholly unrelated to the Licensee(s)?NoIf "Yes," complete the information in the required fields and submit an Exhibit fully describing<br/>that individual's duties and responsibilities, and explaining why that individual should not be<br/>attributed an interest.No

Certification

Section

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: <b>Chief Manager</b> Exact Legal Title or Name of Respondent: <b>HomeNet, Inc.</b> Name: <b>Dennis Carpenter</b> Phone: <b>7634124637</b> 11/24/2021