



(REFERENCE COPY - Not for submission)

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

File Number: **0000189603** | Submit Date: **2022-04-22** | FRN: **0031572274**  
Purpose: **Noncommercial Broadcast Stations Non-Biennial Ownership Report** | Status: **Received** | Status Date:  
**04/22/2022** | Filing Status: **Active**

## Section I - General Information

### 1. Respondent

FRN		Entity Name			
0031572274		Cheyenne Broadcasting Foundation			

  

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
7311 Christensen Road	Cheyenne	WY	82009	+1 (307) 460-8695	krisbmichael@hotmail.com

### 2. Contact Representative

Name		Organization			
A. Wray Fitch, III.		GAMMON & GRANGE, P.C.			

  

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1945 Old Gallows Road, Suite 650	Vienna	VA	22182	+1 (703) 761-5013	awf@gg-law.com

### 3. Application Filing Fee

Not Applicable

### 4. Control of Respondent

(a) Provide the following information about the Respondent:	
Relationship to stations/permits	Permittee
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	Report by Permittee filing within 30 days after the grant of a construction permit for a new noncommercial FM or full power television broadcast station
"As of" date	10/27/2021  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) /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
Cheyenne Broadcasting Foundation	0031572274

Fac. ID No.	Call Sign	City	State	Service
767294		LUCERNE	WY	FM
767295	KOTY	SAN MATEO	NM	FM
767296		GEORGETOWN	CO	FM
767297	KHAL	CRAIG	CO	FM
767298	KIHI	FLOWER POT	AZ	FM
767300	KRIL	FORT LARAMIE	WY	FM
767302	KKBE	WINCHESTER	WY	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	Articles of Incorporation
Parties to contract or instrument	Cheyenne Broadcasting Foundation; State of Wyoming
Date of execution	10/2021
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> 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	0031572274	
Entity Name	Cheyenne Broadcasting Foundation	
Address	PO Box	
	Street 1	7311 Christensen Road
	Street 2	
	City	Cheyenne
	State ("NA" if non-U.S. address)	WY
	Zip/Postal Code	82009
	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	9990150007	
Name	Kristopher Michael	
Address	PO Box	
	Street 1	7311 Christensen Road
	Street 2	
	City	Cheyenne
	State ("NA" if non-U.S. address)	WY
	Zip/Postal Code	82009
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Broadcast service-installation technician	
By Whom Appointed or Elected	Board of Directors	
Interest Percentages	Voting	33.3%

(enter percentage values from 0.0 to 100.0)	<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

Ownership Information		
FRN	9990150008	
Name	Tara Evans	
Address	PO Box	
	Street 1	3419 Sandalwood Lane
	Street 2	
	City	Johnstown
	State ("NA" if non-U.S. address)	CO
	Zip/Postal Code	80534
	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	School district employee	
By Whom Appointed or Elected	Board of Directors	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	33.3%
	<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

Ownership Information		
FRN	9990150009	
Name	Eric W. Kilmer	
Address	PO Box	
	Street 1	4413 E. 6th Street
	Street 2	
	City	Cheyenne
	State ("NA" if non-U.S. address)	WY
	Zip/Postal Code	82001
	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	Broadcast service-installation technician		
By Whom Appointed or Elected	Board of Directors		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	33.3%	
	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

(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
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(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?  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.	No
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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>President</b> Exact Legal Title or Name of Respondent: <b>Cheyenne Broadcasting Foundation</b> Name: <b>Kristopher Michael</b> Phone: <b>3074608695</b>  04/22/2022