



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial  
Ownership Report (FCC Form 323)

File Number: 0000224963 | Submit Date: 2023-11-06 | FRN: 0017019803

Purpose: Commercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 11/07/2023

Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0017019902		Bicoastal Media Licenses V, LLC			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1 Blackfield Drive, #333	Tiburon	CA	94920	+1 (415) 789-5035	kevin@bicoastal.media

2. Contact Representative

Name		Organization			
Melodie A. Virtue, Esq.		Foster Garvey PC			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1000 Potomac Street, N.W., Suite 200	Washington	DC	20007	+1 (202) 298-2527	melodie.virtue@foster.com

3. Application Filing Fee

Question	Response
Is this application being submitted without a filing fee?	No

Fees

Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
Biennial	Form 323	MAR	9	95	\$855.00
				Total	\$855.00

4. Nature of Respondent

(a) Provide the following information about the Respondent:

Relationship to stations/permits	Licensee
Nature of Respondent	Limited liability company

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2023  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
Bicoastal Media Licenses V, LLC	0017019902

Fac. ID No.	Call Sign	City	State	Service
35077	KLOO-FM	CORVALLIS	OR	FM
39483	KRKT-FM	ALBANY	OR	FM
39485	KTHH	ALBANY	OR	AM
39573	KEJO	CORVALLIS	OR	AM
39574	KFLY	CORVALLIS	OR	FM
40845	KODZ	EUGENE	OR	FM
40846	KPNW	EUGENE	OR	AM
54010	KDUK-FM	FLORENCE	OR	FM
67594	KLOO	CORVALLIS	OR	AM

Section II – Biennial Ownership Information

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.

Document Information	
Description of contract or instrument	Certificate of Formation
Parties to contract or instrument	State of Delaware
Date of execution	09/2007
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Certificate of Formation

Document Information	
Description of contract or instrument	Operating Agreement
Parties to contract or instrument	Member of Respondent
Date of execution	10/2007
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Operating Agreement

Document Information	
Description of contract or instrument	Amendment to Operating Agreement
Parties to contract or instrument	Member of Respondent
Date of execution	12/2021
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Amendment to Operating Agreement

Document Information	
Description of contract or instrument	Credit, Guaranty and Security Agreement
Parties to contract or instrument	Provident Bank, Respondent, Affiliates and Parents of Respondent
Date of execution	12/2021
Date of expiration	12/2026
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Credit, Guaranty and Security Agreement

## 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	0017019902		
Entity Name	Bicoastal Media Licenses V, LLC		
Address	PO Box		
	Street 1	1 Blackfield Drive, #333	
	Street 2		
	City	Tiburon	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	94920	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
Positional Interests (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 from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	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	0004077889	
Entity Name	Bicoastal Holdings Co., LLC	
Address	PO Box	
	Street 1	1 Blackfield Drive, #333
	Street 2	
	City	Tiburon
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	94920
	Country (if non-U.S. address)	United States

Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Owner		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	100.0%	Jointly Held? No
	Equity	100.0%	
	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?			Yes

Ownership Information			
FRN	0019331479		
Name	Michael R. Wilson		
Address	PO Box		
	Street 1	7909 Creation Court	
	Street 2		
	City	Sparks	
	State ("NA" if non-U.S. address)	NV	
	Zip/Postal Code	89436	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - President		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	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?			Yes

Ownership Information	
FRN	0019226687

Name	Kevin P. Mostyn		
Address	PO Box		
	Street 1	1 Blackfield Drive, #333	
	Street 2		
	City	Tiburon	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	94920	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - VP/CTO		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	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?			Yes

Ownership Information			
FRN	0019374883		
Name	Brian J. Parente		
Address	PO Box		
	Street 1	Four Tower Bridge, Suite 400	
	Street 2	200 Barr Harbor Drive	
	City	W. Conshohocken	
	State ("NA" if non-U.S. address)	PA	
	Zip/Postal Code	19428	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - Vice President		
Citizenship, Gender,	Citizenship	US	

Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	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?			Yes

Ownership Information			
FRN	0019350164		
Name	Paul A. Moses		
Address	PO Box		
	Street 1	Four Tower Bridge, Suite 400	
	Street 2	200 Barr Harbor Drive	
	City	W. Conshohocken	
	State ("NA" if non-U.S. address)	PA	
	Zip/Postal Code	19428	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - VP/CFO		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	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?			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
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(c) 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?	No
If "Yes," provide the following information for each such the relationship.	

(d) 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.	

3. Organizational Chart (Licensees Only)

Attach a flowchart or similar document showing the Licensee’s vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

Non-Licensee Respondents should select “N/A” in response to this question.

File Name	Uploaded By	Attachment Type	Description
Bicoastal Org Chart for 2023 323s.pdf	Applicant	Ownership Chart	Org Chart

Section III - Certification

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>Vice President/Chief Technology Officer</b> Exact Legal Title or Name of Respondent: <b>Bicoastal Media Licenses V, LLC</b> Name: <b>Kevin P. Mostyn</b> Phone: <b>4157895035</b>  11/06/2023