



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial
Ownership Report (FCC Form 323)

File Number: 0000227026 | Submit Date: 2023-11-20 | FRN: 0016305252

Purpose: Commercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 11/20/2023

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.com

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 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	Validation and resubmission of a previously filed biennial report (certifying no changes from the previously filed biennial report) 0000168433

"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.
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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	MCCOOK	NE	AM
57517	KICX-FM	MCCOOK	NE	FM
84864	KJBL	JULESBURG	CO	FM
85760	KSTH	HOLYOKE	CO	FM
86863	KHAQ	MAXWELL	NE	FM
88537	KADL	IMPERIAL	NE	FM
166033	KQHK	MCCOOK	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

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.

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		
Entity Name	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	
	Zip/Postal Code	54935	
	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
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Ownership Information			
FRN	9990144730		
Name	Jason T. 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	54395	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - LLC Manager		
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	20.0%	Jointly Held? No
	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	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, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	Jointly Held? No
	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	9990145101		
Name	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. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - LLC Manager		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	Jointly Held? No
	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
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Ownership Information			
FRN	9990145102		
Name	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. 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, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	Jointly Held? No
	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	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 - LLC Manager		
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	20.0%	Jointly Held? No
	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
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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? If " <u>Yes</u> ," provide the following information for each such the relationship.	Yes
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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	9990145100	Name	Sue Ann Thompson
FRN	9990145102	Name	Tommi Thompson
Relationship	Siblings		

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	9990145101	Name	Kelli Thompson
FRN	9990145102	Name	Tommi Thompson
Relationship	Siblings		

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

<p>(d) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</p> <p>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.</p>	No
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Certification	Section	Question	Response
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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: LLC Manager Exact Legal Title or Name of Respondent: Thompson Family Holdings LLC Name: Jason T Thompson Phone: 0000000000 11/20/2023