



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: **0000229722** | Submit Date: **2023-11-30** | FRN: **0002711885**

Purpose: **Commercial Broadcast Stations Biennial Ownership Report** | Status: **Dismissed** | Status Date: **11/30/2023**

Filing Status: **InActive**

Section I - General Information

1. Respondent

FRN	Entity Name
0002807469	Long Nine, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 460	Springfield	IL	62705	+1 (217) 629-7077	tgomez@rockfordradio.com

2. Contact Representative

Name	Organization
David D. Oxenford	Wilkinson Barker Knauer, LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1800 M Street, NW Suite 800N	Washington	DC	20036	+1 (202) 783-4141	doxenford@wbklaw.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	For-profit corporation

(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
Long Nine, Inc.	0002807469

Fac. ID No.	Call Sign	City	State	Service
671	WNTA	ROCKFORD	IL	AM
672	WXRX	BELVIDERE	IL	FM
16408	WDKB	DEKALB	IL	FM
38346	WMAY-FM	TAYLORVILLE	IL	FM
38347	WNNS	SPRINGFIELD	IL	FM
38348	WMAY	SPRINGFIELD	IL	AM
56229	WQLZ	PETERSBURG	IL	FM
59620	WRTB	WINNEBAGO	IL	FM
73975	WGFB	ROCKTON	IL	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.

Document Information	
Description of contract or instrument	Bylaws
Parties to contract or instrument	State of Illinois
Date of execution	08/1976
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Bylaws

Document Information	
Description of contract or instrument	Articles of Incorporation
Parties to contract or instrument	State of Illinois
Date of execution	08/1976
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Articles of Incorporation

Document Information	
Description of contract or instrument	Articles of Amendment to the Articles of Incorporation
Parties to contract or instrument	State of Illinois
Date of execution	09/1976
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Articles of Amendment to the Articles of Incorporation

Document Information	
Description of contract or instrument	Stock Purchase Agreement
Parties to contract or instrument	Shareholders
Date of execution	08/1976
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Stock Purchase Agreement

Document Information	
Description of contract or instrument	Shareholders Agreements between each shareholder and Long Nine, Inc.
Parties to contract or instrument	Each shareholder and Long Nine, Inc.
Date of execution	08/1976
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Shareholder 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	0002807469		
Entity Name	Long Nine, Inc.		
Address	PO Box		
	Street 1	PO Box 460	
	Street 2		
	City	Springfield	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	62705	
	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	0019422989		
Name	Theresa K. Timm		
Address	PO Box		

	Street 1	N2528 Baker Road	
	Street 2		
	City	LaCross	
	State ("NA" if non-U.S. address)	WI	
	Zip/Postal Code	54601	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder, Other - Treasurer		
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	2.8%	Jointly Held? No
	Equity	2.8%	
	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

Ownership Information

FRN	0019423078		
Name	Thomas Walker		
Address	PO Box		
	Street 1	1838 Camelot Drive	
	Street 2		
	City	Madison	
	State ("NA" if non-U.S. address)	WI	
	Zip/Postal Code	53705	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder, Other - Secretary		
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	18.4%	Jointly Held? No
	Equity	18.4%	
	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

Ownership Information

FRN	0027222926		
Name	Lynn Bieritz		
Address	PO Box		
	Street 1	3355 Sharon Drive	
	Street 2		
	City	Eau Claire	
	State ("NA" if non-U.S. address)	WI	
	Zip/Postal Code	54701	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director		
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	0.9%	Jointly Held? No
	Equity	0.9%	
	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	0027222942		
Name	Michael Paterson		
Address	PO Box		
	Street 1	7540 Grace Drive	

	Street 2		
	City	Roscoe	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	61073	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder, 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	6.5%	Jointly Held? No
	Equity	6.5%	
	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

Ownership Information			
FRN	9990144869		
Name	Jerad Clark		
Address	PO Box		
	Street 1	215 Olson Ave.	
	Street 2		
	City	Belleville	
	State ("NA" if non-U.S. address)	WI	
	Zip/Postal Code	53508	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director		
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	1.0%	Jointly Held? No
	Equity	1.0%	
	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

Ownership Information

FRN	0031693559		
Entity Name	Fisher Survivor's Trust		
Address	PO Box		
	Street 1	4633 Signature Dr.	
	Street 2		
	City	Middleton	
	State ("NA" if non-U.S. address)	WI	
	Zip/Postal Code	53562	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Trust		
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	0031693583		
Entity Name	Fisher Family QSST Trust		
Address	PO Box		
	Street 1	4633 Signature Dr.	
	Street 2		
	City	Middleton	
	State ("NA" if non-U.S. address)	WI	
	Zip/Postal Code	53562	

	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Trust		
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	9990144909		
Name	Jennifer Hennagir		
Address	PO Box		
	Street 1	N3314 Miller Road	
	Street 2		
	City	La Crosse	
	State ("NA" if non-U.S. address)	WI	
	Zip/Postal Code	54601	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director, Stockholder		
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	0.8%	Jointly Held? No
	Equity	0.8%	
	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

Ownership Information

FRN	9990148545		
Name	Brian Tyndall		
Address	PO Box		
	Street 1	5472 S Michigan Ave	
	Street 2		
	City	Springfield	
	State ("NA" if non-U.S. address)	MO	
	Zip/Postal Code	65810	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director, Stockholder		
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	0.8%	Jointly Held? No
	Equity	0.8%	
	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

Ownership Information

FRN	9990153570		
Name	Zack East		
Address	PO Box		
	Street 1	529 Archer Ave	
	Street 2		
	City	St. Joseph	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49085	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director		

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	0.1%	Jointly Held? No
	Equity	0.1%	
	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

(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.	No
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(d) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)? 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.	No
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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.

N/A

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: **President**
Exact Legal Title or Name of Respondent:
Long Nine, Inc.
Name: **Michael Paterson**
Phone: **2176297077**

11/30/2023