

#### Federal Communications Commission (REFERENCE COPY - Not for submission)

Name

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

File Number:0000230286Submit Date:2023-11-30FRN:0026168302Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:Status:Status Date:12/01/2023Filing Status:Active

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

### 1. Respondent

FRN	Entity Name
0026168302	Rob Ingstad Licenses, LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
529 5th Ave	Fairbanks	AK	99701	+1 (701) 890- 0085	reagan@newsdakota. com

### 2. Contact Representative

Dawn Sciarrine	0	Sciarrino & Shubert, PLLC
0		

Organization

Street	City (and Country if non U.S.				
Address	address)	State	Zip Code	Phone	Email
330 Franklin Road Suite 135A- 133	Brentwood	TN	37027- 3280	+1 (202) 256- 9551	dawn@sciarrinolaw. 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	4	95	\$380.00
		·		•	Total	\$380.00

# 4. Nature of Respondent

(a) Provide the following information about the Responder	(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	
Rob Ingstad Licenses, LLC	0026168302	

Fac. ID No.	Call Sign	City	State	Service
6438	KFAR	FAIRBANKS	AK	AM
49622	KXLR	FAIRBANKS	AK	FM
69405	KTDZ	COLLEGE	AK	FM
77906	KYSC	FAIRBANKS	AK	FM
202142	K248DK	FAIRBANKS	AK	FX

### 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	Articles of Organization		
Parties to contract or instrument	Rob Ingstad Licenses, LLC and The State of Alaska		
Date of execution	12/2016		

Date of expiration	No expiration date
Agreement type	Other
(check all that apply)	Agreement Type: Articles of Organization

### 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	0026168302			
Entity Name	Rob Ingstad Licenses, LLC			
Address	ess PO Box			
	Street 1	529 5th Ave		
	Street 2			
	City	Fairbanks		
	State ("NA" if non-U.S. address)	АК		
	Zip/Postal Code	99701		
	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 r	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 an attributable interest in one or more broadcast stations No that do not appear on this report?				

Ownership Information				
FRN	0028455921			
Name	Perry Walley			
Address	PO Box			
	Street 1	529 5th Avenue		
	Street 2			
	City	Fairbanks		
	State ("NA" if non-U.S. address)	AK		
	Zip/Postal Code	99701		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member			
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	10.0%		
	Total assets (Equity Debt Plus)	10.0%		
Does interest holder have a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes	

Ownership Information		
FRN	0028650851	
Entity Name	Robert J. Ingstad Revocable Trust, Stacy L. Ingstad, Personal Representative of the Robert J. Ingstad Estate, Trustee	
Address	PO Box	
	Street 1	529 5th Avenue
	Street 2	Suite 200
	City	Fairbanks
	State ("NA" if non-U.S. address)	АК
	Zip/Postal Code	99701
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other - Trustee			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity			
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	90.0%		
	Total assets (Equity Debt Plus)	90.0%		
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes	
., .	nat any interests, including equi his filing are non-attributable. an explanation	ty, financial, or voting	Yes	
or related to each other as	als listed as an attributable inter parentchild or as siblings? g information for each such the re			
(d) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?		No		
	nation in the required fields and su			
	esponsibilities, and explaining why			

Licensee does not have a vertical ownership structure.

### Section III - Certification

3. Organizational Chart (Licensees Only)

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 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>Trustee of the Robert J. Ingstad</b> <b>Revocable Trust</b> Exact Legal Title or Name of Respondent: <b>Rob</b> <b>Ingstad Licenses, LLC</b> Name: <b>Stacy L. Ingstad</b> Phone: <b>7018900085</b>
		11/30/2023