

(REFERENCE COPY - Not for submission)

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

File Number: 0000227082 | Submit Date: 2023-11-20 | FRN: 0004833596

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	
0004833596	The Original Company, Inc.	

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U. S. address)	Zip Code	Phone	Email
1309 Old Orchard Road	Vincennes	IN	47591	+1 (301) 908-4165	amoskowitz@amoskowitzlaw.

## 2. Contact Representative

Name	Organization
ALLAN G. MOSKOWITZ, Esq.	Allan G. Moskowitz, Esq.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
10845 TUCKAHOE WAY	NORTH POTOMAC	MD	20878	+1 (301) 908- 4165	AMOSKOWITZ@AMOSKOWITZLAW.

## 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	15	95	\$1,425.00
				Total	\$1,425.00

## 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
The Original Company, Inc.	0004833596

Fac. ID No.	Call Sign	City	State	Service
2270	WTAY	ROBINSON	IL	AM
2271	WTYE	ROBINSON	IL	FM
6424	WJPS	BOONVILLE	IN	FM
9010	WRUL	CARMI	IL	FM
9011	WROY	CARMI	IL	AM
37737	WQTY	LINTON	IN	FM
41004	WUZR	BICKNELL	IN	FM
52567	WBTO-FM	PETERSBURG	IN	FM
53088	WPIW	MT. VERNON	IN	AM
53089	WMVI	MOUNT VERNON	IN	FM
54600	WREB	GREENCASTLE	IN	FM
66214	WZDM	VINCENNES	IN	FM
71161	WFIW-FM	FAIRFIELD	IL	FM
71164	WOKZ	FAIRFIELD	IL	FM
71167	WFIW	FAIRFIELD	IL	AM
143149	W230BQ	BRUCEVILLE	IN	FX

145221	W227ED	CARMI	IL	FX
146854	W249DC	VINCENNES	IN	FX
152849	W232DC	ROBINSON	IL	FX
152896	W277CZ	FAIRFIELD	IL	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 Incorporation & Bylaws		
Parties to contract or instrument	State of Indiana		
Date of execution	05/1981		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other  Agreement Type: Articles of Incorporation & Bylaws		

## 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	0004833596	0004833596		
Entity Name	The Original Company	The Original Company, Inc.		
Address	PO Box			
	Street 1	1309 Old Orchard Road		
	Street 2			

	City	Vincennes		
	State ("NA" if non-U.S. address)	IN		
	Zip/Postal Code	47591		
	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 that do not appear on this	an attributable interest in one o	r more broadcast stations	No	

Ownership Information				
FRN	0019385723			
Name	Saundra K. Lange			
Address	РО Вох	242		
	Street 1			
	Street 2			
	City	Vincennes		
	State ("NA" if non-U.S. address)	IN		
	Zip/Postal Code	47591		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - Personal Representative			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural Persons Only)	Gender	Female		
	Ethnicity	Not Hispanic or Latino		
	Race	White		
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)	100.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			Yes
	hat any interests, including equit this filing are non-attributable. an explanation.	ty, financial, or voting	Yes

(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)?

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.

Owner is an individual.

## **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 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: Personal Representative Exact Legal Title or Name of Respondent: The Original Company, Inc. Name: Saundra K. Lange Phone: 3019084165