Response

No



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

FRN

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

 File Number:
 0000228165
 Submit Date:
 2023-11-27
 FRN:
 0009779455

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 11/28/2023

 Filing Status:
 Active
 Status:
 Status Date:
 11/28/2023

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

### 1. Respondent

Entity Name

0009779455 Appaloosa Bro		dcasting Company, Inc.				
Street Address	City (and Coun address)	try if non U.S.	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
288 South River Road	Bedford		NH	03110	+1 (603) 668- 6400	lisab@nebcast. com

### 2. Contact Representative

Name	Organization
Barry Friedman	Thompson Hine LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
Suite 700 1919 M Street, N.W.	Washington	DC	20036	+1 (202) 331- 8800	barry.friedman@thompsonhine. com

# 3. Application Filing Fee

### Question

Is this application being submitted without a filing fee?

Fees	Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
	Biennial	Form 323	MAR	3	95	\$285.00
		·	·	<u>,</u>	Total	\$285.00

# 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
Appaloosa Broadcasting Company, Inc.	0009779455

Fac. ID No.	Call Sign	City	State	Service
10333	КНАТ	LARAMIE	WY	AM
82007	КҮАР	NUNN	со	FM
82198	KRQU	LARAMIE	WY	FM
154899	K244FN	LARAMIE	WY	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	Certificate of Incorporation	
Parties to contract or instrument	State of Delaware	
Date of execution	08/2003	
Date of expiration	No expiration date	

### 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	0009779455				
Entity Name	Appaloosa Broadcasting Company, Inc.				
Address	PO Box				
	Street 1	288 South River Road			
	Street 2				
	City	Bedford			
	State ("NA" if non-U.S. address)	NH			
	Zip/Postal Code	03110			
	Country (if non-U.S. address)	United States			
Listing Type	Respondent				
<b>Positional Interests</b> (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	Voting	0.0%	Jointly Held? No		
from 0.0 to 100.0)	Equity	0.0%			
	Total assets (Equity Debt0.0%Plus)				
	Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?				

#### **Ownership Information**

FRN	0019958636			
Name	Edward Flanagan			
Address	PO Box			
	Street 1	288 South River Road		
	Street 2			
	City	Bedford		
	State ("NA" if non-U.S. address)	NH		
	Zip/Postal Code	03110		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Officer, Director			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
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)			
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes	

### Ownership Information

FRN	0021307129		
Name	JACOB L. SILBERBERG		
Address	PO Box		
	Street 1	288 South River Road	
	Street 2		
	City	Bedford	
	State ("NA" if non-U.S. address)	NH	
	Zip/Postal Code	03110	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Officer, Director		

NDW1127F.pdf	Applicant	Ownership Chart	Ownership Chart	
File Name	Uploaded By	Attachment Type	Description	
entities that have attributable extual Exhibit in lieu of a flow	interests in the Licensee chart or similar docume	icensee's vertical ownership struc e. Licensees with a single parent e nt. Licensees without parent entiti n response to this question.	entity may provide a brief expla	inate
•	nation in the required fiel	lds and submit an Exhibit fully des aining why that individual should	S I	
(d) Is Respondent seeking	an attribution exempt	ion for any officer or director w	ith No	
or related to each other as		-		
(c) Are any of the individu	als listed as an attribu	table interest holder in the Res	condent married to each othe	ər
interests, not reported in t If "No," submit as an exhibit				
(b) Respondent certifies th	hat any interests, inclu	ding equity, financial, or voting	Yes	
Does interest holder have that do not appear on this		t in one or more broadcast stat	ions Yes	
from 0.0 to 100.0)	Total assets (Equity Debt Plus)			
	Equity	0.0%	0.0%	
Persons Only) Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No	
	Race	White	White	
	Ethnicity	Not Hispanic or Latin	Not Hispanic or Latino	
Information (Natural	Gender Male			

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>President</b> Exact Legal Title or Name of Respondent: <b>Appaloosa Broadcasting Company, Inc.</b> Name: <b>Edward Flanagan</b> Phone: <b>6036686400</b> 11/27/2023