

### (REFERENCE COPY - Not for submission)

FRN

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

File Number:0000040562Submit Date:2018-01-22FRN:0001636588Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:Status:Status Date:01/23/2018Filing Status:Active

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

### 1. Respondent

Entity Name	
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0011343852		Inland Northwest Broadcasting, LLC				
Street Address	City (and Count address)	try if non U.S.	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
805 Stewart Avenut	Lewiston		WA	83501	+1 (208) 791- 2605	rprasil@idavend. com

### 2. Contact Representative

Name	Organization
Patricia Chuh	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	pchuh@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	4	95	\$280.00
		·	·		Total	\$280.00

# 4. Nature of Respondent

(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	10/01/2017
	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
Inland Northwest Broadcasting, LLC	0011343852

Fac. ID No.	Call Sign	City	State	Service
13569	КМАХ	COLFAX	WA	AM
15269	KRAO-FM	COLFAX	WA	FM
15270	KCLX	COLFAX	WA	AM
26412	KZZL-FM	PULLMAN	WA	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	Certificate of Formation	
Parties to contract or instrument	Washington	
Date of execution	06/2004	
Date of expiration	No expiration date	

Agreement type (check all that apply)	Other Agreement Type: Certificate of Formation
Document Information	

Description of contract or instrument	Limited Liability Company Agreement
Parties to contract or instrument	Members
Date of execution	06/2005
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Limited Liability Company 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	0011343852	
Entity Name	Inland Northwest Broadcasting, LLC	
Address	PO Box	
	Street 1	805 Stewart Avenut
	Street 2	
	City Lewiston	
	State ("NA" if non-U.S.WAaddress)	
	Zip/Postal Code 83501	
	Country (if non-U.S. United States   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	

#### **Ownership Information**

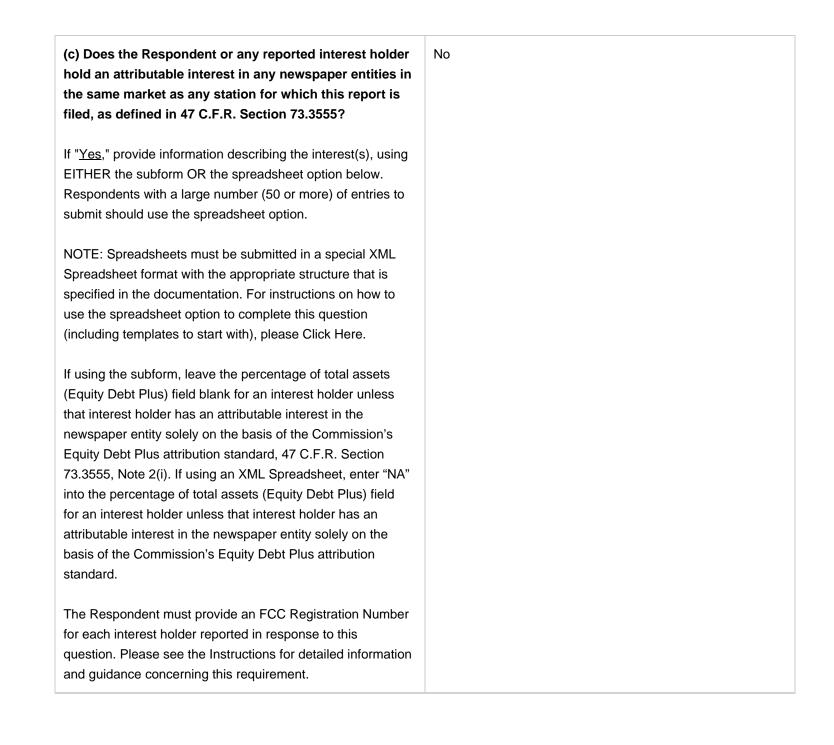
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		r more broadcast stations	No

#### **Ownership Information**

Ownership Information				
FRN	0019297597			
Name	Robert W. Prasil			
Address	PO Box			
	Street 1	1907 Burrell Avenue		
	Street 2			
	City	Lewiston		
	State ("NA" if non-U.S. address)			
	Zip/Postal Code	Zip/Postal Code 83501		
	Country (if non-U.S. United States   address) Image: Country of the states			
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Officer, LC/LLC/PLLC Member, Other - Manager			
Citizenship, Gender,	Citizenship US			
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	city Not Hispanic or Latino		
	Race White			
Interest Percentages (enter percentage values	Voting	50.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	50.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?			Yes	

Ownership Information				
FRN	0019297662			
Name	Melva R. Prasil			
Address	PO Box			
	Street 1	1907 Burrell Avenue		
	Street 2			

	City	Lewiston		
	State ("NA" if non-U.S. address)	ID		
	Zip/Postal Code	83501		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	·		
Positional Interests (check all that apply)	Officer, LC/LLC/PLLC Membe	Officer, LC/LLC/PLLC Member		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Gender Female				
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	50.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	50.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?			Yes	
(b) Respondent certifies that any interests, including equity, financial, or voting Yes interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.			Yes	



(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other Yes or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

Family Relationships				
FRN	0019297597 Name Robert W Prasil			
FRN	0019297662 Name Melva R Prasil		Melva R Prasil	
Relationship	Spouses			

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

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.

## Section III - 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: <b>Manager</b> Exact Legal Title or Name of Respondent: <b>Inland Northwest Broadcasting, LLC</b> Name: <b>Robert R. Prasil , Jr</b> Phone: <b>2087431551</b> 01/22/2018