



(REFERENCE COPY - Not for submission)

Noncommercial Broadcast Stations Non-Biennial Ownership Report (FCC Form 323-E)

File Number: 0000040470 | Submit Date: 2018-01-19 | FRN: 0004076824

Purpose: Noncommercial Broadcast Stations Non-Biennial Ownership Report | Status: Received | Status Date: 01/19/2018 | Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0004076824	Hi-Line Radio Fellowship, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 2426	Havre	MT	59501-2426	+1 (406) 265-5845	ynopfm@gmail.com

2. Contact Representative

Name	Organization
Ron Huckleby	Hi-Line Radio Fellowship, Inc.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2001 Aberdeen St.	Butte	MT	59701-5514	+1 (406) 491-4998	ron@ynop.org

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:	
Relationship to stations/permits	Licensee
Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity?	No

(b) Provide the following information about this report:	
Purpose	Transfer of control or assignment of license/permit
"As of" date	01/16/2018  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) /Permittees(s) and Station(s)

Respondent is filing this report to cover the following Licensee(s)/Permittee(s) and station(s)/permit(s):

/Permit(s)

Licensee/Permittee Name			FRN	
Hi-Line Radio Fellowship, Inc.			0004076824	

Fac. ID No.	Call Sign	City	State	Service
164261	KFMR	BALLARD	UT	FM
171025	KZLM	LEWISTOWN	MT	FM

Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 Documents

Licensee/Permittee Respondents 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. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select “Other.” Non-Licensee/Permittee Respondents should select “Not Applicable” in response to this question.

Document Information	
Description of contract or instrument	Articles of Incorporation
Parties to contract or instrument	State of Montana, Hi-Line Radio Fellowship Inc.
Date of execution	08/1980
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Corporation founding documents

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, members of the governing board (or other governing entity), stockholders, 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) or Permittee(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) or Permittee(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	0004076824	
Entity Name	Hi-Line Radio Fellowship, Inc.	
Address	PO Box	2426
	Street 1	
	Street 2	

	<b>City</b>	Havre	
	<b>State ("NA" if non-U.S. address)</b>	MT	
	<b>Zip/Postal Code</b>	59501-2426	
	<b>Country (if non-U.S. address)</b>	United States	
<b>Listing Type</b>	Respondent		
<b>Positional Interests</b> (check all that apply)	Respondent		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%	
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		Yes	

<b>Ownership Information</b>			
<b>FRN</b>	0020028072		
<b>Name</b>	Brent Schellin		
<b>Address</b>	<b>PO Box</b>	926	
	<b>Street 1</b>		
	<b>Street 2</b>		
	<b>City</b>	Chinook	
	<b>State ("NA" if non-U.S. address)</b>	MT	
	<b>Zip/Postal Code</b>	59523-0926	
	<b>Country (if non-U.S. address)</b>	United States	
<b>Listing Type</b>	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
<b>Principal Profession or Occupation</b>	Leasing Agent		
<b>By Whom Appointed or Elected</b>	The Board		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	16.7%	
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No	

<b>Ownership Information</b>	
<b>FRN</b>	0020028148
<b>Name</b>	Dan Frederickson

Address	PO Box	634	
	Street 1		
	Street 2		
	City	Chester	
	State ("NA" if non-U.S. address)	MT	
	Zip/Postal Code	59522	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Farmer		
By Whom Appointed or Elected	The Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	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	0017799974		
Name	John B. Ita		
Address	PO Box		
	Street 1	171 73rd Avenue W	
	Street 2		
	City	Havre	
	State ("NA" if non-U.S. address)	MT	
	Zip/Postal Code	59501	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Teacher		
By Whom Appointed or Elected	The Board		
Interest Percentages (enter percentage values	Voting	16.7%	

from 0.0 to 100.0)	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	0020028171		
Name	Rapp Rusty		
Address	PO Box		
	Street 1	3225 7th Avenue S	
	Street 2		
	City	Great Falls	
	State ("NA" if non-U.S. address)	MT	
	Zip/Postal Code	59405	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Insurance Agent		
By Whom Appointed or Elected	The Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	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	9990119849		
Name	Donald Bjornstad		
Address	PO Box		
	Street 1	735 2100 Road East	
	Street 2		
	City	Joplin	
	State ("NA" if non-U.S. address)	MT	
	Zip/Postal Code	59531	
	Country (if non-U.S. address)	United States	

Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Butcher		
By Whom Appointed or Elected	The Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	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	9990119850		
Name	Bo Woods		
Address	PO Box		
	Street 1	574 Laird Road	
	Street 2		
	City	Chester	
	State ("NA" if non-U.S. address)	MT	
	Zip/Postal Code	59522	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Farmer		
By Whom Appointed or Elected	The Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	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

(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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<p><b>(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</b></p> <p>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.</p>	No
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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: <b>Chairman</b> Exact Legal Title or Name of Respondent: <b>Hi-Line Radio Fellowship Inc.</b> Name: <b>Brent Schellin</b> Phone: <b>4062655845</b>  01/19/2018