

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000047551 | Submit Date: 2018-03-02 | FRN: 0001791482

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 03/05/2018

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name	
0001791482	S.I.P. Broadcasting Company, Inc	

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 1450 200 South Kentucky Avenue	Corbin	KY	40702	+1 (606) 528-8787	mitarter@keybroadcasting.

2. Contact Representative

Name	Organization
John F. Garziglia	Womble Bond Dickinson (US) LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1200 19th Street, N.W., Suite 500	Washington	DC	20036	+1 (202) 857- 4455	John.Garziglia@wbd-us. 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 For-profit corporation

(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
S.I.P. Broadcasting Company, Inc	0001791482

Fac. ID No.	Call Sign	City	State	Service
3430	WKYH	PAINTSVILLE	KY	AM
3432	WKLW-FM	PAINTSVILLE	KY	FM
58403	WSIP	PAINTSVILLE	KY	AM
60502	WSIP-FM	PAINTSVILLE	KY	FM
200105	W257EE	PAINTSVILLE	KY	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	S.I.P. Broadcasting Company, Inc.	
Parties to contract or instrument	Commonwealth of Kentucky	
Date of execution	11/1983	

Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: S.I.P. Broadcasting Company, Inc.

Document Information		
Description of contract or instrument	Articles of Amendment of Articles of Incorporation	
Parties to contract or instrument	Commonwealth of Kentucky	
Date of execution	01/1989	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Articles of Amendment of Articles of Incorporation	

Document Information		
Description of contract or instrument	By-Laws	
Parties to contract or instrument	N/A	
Date of execution	11/1983	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: By-Laws	

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	0001791482	0001791482	
Entity Name	S.I.P. Broadcasting C	S.I.P. Broadcasting Company, Inc	
Address	РО Вох	1450	
	Street 1	200 South Kentucky Avenue	
	Street 2		
		<u>'</u>	

	City	Corbin	
	State ("NA" if non-U.S. address)	KY	
	Zip/Postal Code	40702	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent	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	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 that do not appear on this	an attributable interest in one o	or more broadcast stations	No

Ownership Information			
FRN	0027251164		
Name	Dennis Cupp		
Address	РО Вох	PO Box 1450	
	Street 1		
	Street 2		
	City	Corbin	
	State ("NA" if non-U.S. address)	KY	
	Zip/Postal Code 40702		
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director		
Citizenship, Gender,	Citizenship	Citizenship US	
Ethnicity, and Race Information (Natural	Gender	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)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		Yes

Ownership Information			
FRN	0027196138		
Name	Jackie Willis	Jackie Willis	
Address	PO Box	PO Box 1450	
	Street 1		
	Street 2		
	City	Corbin	
	State ("NA" if non-U.S. address)	KY	
	Zip/Postal Code	40702	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Citizenship, Gender,	Citizenship	Citizenship US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held?
from 0.0 to 100.0)	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	Yes

Ownership Information			
FRN	0006929103	0006929103	
Entity Name	Key Broadcasting, Inc		
Address	PO Box 1450		
	Street 1		
	Street 2		
	City	Corbin	
	State ("NA" if non-U.S. address)	KY	

	Zip/Postal Code	40702	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Stockholder		
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 100.0%		
	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	Yes

Ownership Information				
FRN	0019270040			
Name	Michael S. Tarter	Michael S. Tarter		
Address	РО Вох	Box 1450		
	Street 1	200 South Kentucky Avenue		
	Street 2			
	City	Corbin		
	State ("NA" if non-U.S. address)	KY		
	Zip/Postal Code	40701		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - President/CEO			
Citizenship, Gender,	Citizenship	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?		
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	ot 0.0%		
Does interest holder have a	an attributable interest in one oreport?	r more broadcast stations	Yes	

interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.		
(c) Does the Respondent or any reported interest holder hold an attributable interest in any newspaper entities in the same market as any station for which this report is filed, as defined in 47 C.F.R. Section 73.3555?	No	
If "Yes," provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below. Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option.		
NOTE: Spreadsheets must be submitted in a special XML Spreadsheet format with the appropriate structure that is specified in the documentation. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), please Click Here.		
If using the subform, 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 newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i). If using an XML Spreadsheet, enter "NA" into the percentage of total assets (Equity Debt Plus) field for an interest holder unless that interest holder has an attributable interest in the newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard.		
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.		
(d) Are any of the individuals listed as an attributable interor related to each other as parentchild or as siblings?	est holder in the Respondent r	narried to each other No
If "Yes," provide the following information for each such the rela	ationship.	
(e) Is Respondent seeking an attribution exemption for any duties wholly unrelated to the Licensee(s)?	officer or director with	No

Yes

(b) Respondent certifies that any interests, including equity, financial, or voting

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.

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.

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: President and CEO Exact Legal Title or Name of Respondent: S.I. P. Broadcasting Company, Inc. Name: Mike Tarter Phone: 6065288787