

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number:0000045101Submit Date:2018-02-28FRN:0022913453Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:02/28/2018Filing Status:Active

Section I - General Information

1. Respondent

 FRN
 Entity Name

 0022913453
 J.S. Kelly LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non- U.S. address)	Zip Code	Phone	Email
2020 W EL CAMINO AVE. STE. 120	SACRAMENTO	CA	95833	+1 (916) 978-4890	DARRYL. GRONDINES@SUMMITMEDIACORP. COM

2. Contact Representative

Name	Organization
Francisco R. Montero	Fletcher, Heald & Hildreth, PLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 N 17th Street 11th Floor	Arlington	VA	22209	+1 (703) 812-0400	montero@fhhlaw.com

3. Application Filing Fee

Not Applicable

4. Nature of	
Respondent	

(a) Provide the following information about the Respondent:						
Relationship to stations/permits	Entity required to file a Form 323 because it holds an attributable interest in one or more Licensees					
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			
SM-WQNU, LLC				002	0022877419			
Fac. ID No.	Call Sign		City		State		Service	
20332	WQNU		LYNDON		KY		FM	
Licensee/Permittee Name				FRM	ı			
SM-KCCN, LLC				002	287	7369		
Fac. ID No.	0-11 0:		0.10			State	Osmiss	
	Call Sign		City				Service	
34552	KCCN-FM		HONOLULU			HI	FM	
Licensee/Permittee Name				FRN	ı			
SM-WAGG, LLC				002	287	7096		
Fac. ID No.	Call Sign	Cit	V			State	Service	
48717	WAGG		RMINGHAM			AL	AM	
Licensee/Permittee Name				FRN				
SM-WKLR, LLC				0022877443				
Fac. ID No.	Call Sign		City	State		ate	Service	
71330	WKLR		FORT LEE	VA		A	FM	
Licensee/Permittee Name				FRN	1			
SM-WVEZ, LLC						7393		
Fac. ID No.	Call Sign	City				State	Service	
53595	WVEZ	ST.	MATTHEWS			KY	FM	
Licensee/Permittee Name				FRN				
SM-KINE, LLC				0022877377				
Fac. ID No.			City	State Service			Service	
	Call Sign City							
34553	KINE-FM		HONOLULU			HI	FM	
Licensee/Permittee Name				FRN	I			
SM-WZNN, LLC				002	287	7195		
Fac. ID No.	Call Sign	Ci4-	,			State	Service	
		City						
71417	WPYA GARDENDALE					AL	FM	

Licensee/Permittee Name					FRN			
SM-WHTI, LLC				002	0022877435			
Fac. ID No.	Call Sign		City		State	Service		
27439	WJSR		LAKESIDE		VA	FM		
Licensee/Permittee Name				FRN				
SM-WRKA, LLC				002	2877385			
Fac. ID No.	Call Sign	Cit	ty		State	Service		
48290	WRKA	LC	OUISVILLE		KY	FM		
Licensee/Permittee Name				FRN				
SM-WJMZ, LLC				002	2877278			
Fac. ID No.	Call Sign		City		State	Service		
1303	WJMZ-FM		ANDERSON		SC	FM		
Licensee/Permittee Name				FRN				
SM-KPHW, LLC				002	2877351			
Fac. ID No.	Call Sign	(City		State	Service		
27424	KPHW		KANEOHE		н	FM		
Licensee/Permittee Name				FRN				
SM-KRTR-FM, LLC				002	2877336			
Fac. ID No.	Call Sign		City		State	Service		
50118	KRTR-FM		KAILUA		HI	FM		
Licensee/Permittee Name				FRN				
SM-WBHJ, LLC				002	2877211			
Fac. ID No.	Call Sign		City		State	Service		
730	WBHJ		MIDFIELD		AL	FM		
Licensee/Permittee Name				FRN				
SM-WBPT, LLC				002	2877245			
Fac. ID No.	Call Sign	City	y		State	Service		
5355	WBPT	HC	DMEWOOD		AL	FM		
Licensee/Permittee Name				FRN				
SM-KRTR-AM, LLC					2877294			

Fac. ID No.	Call Sign		City		State	e	Se	rvice
13880	KPRP HONOLULU		HONOLULU		н		AM	
Licensee/Permittee Nam	e			FRN				
SM-WHZT, LLC				0022	287728	36		
Fac. ID No.	Call Sign	Cit	t v		Sta	ate	S	ervice
5971	WHZT		ILLIAMSTON		S			- M
5371						,		
Licensee/Permittee Nam	e			FRN				
SM-KKNE, LLC				0022	28773 [,]	10		
Fac. ID No.	Call Sign		City		State		Ser	vice
14937	KKNE		WAIPAHU		HI		AN	1
Licensee/Permittee Nam	e			FRN				
SM-WURV, LLC				0022	287746	58		
Fac. ID No.	Call Sign		City		State	9	Se	rvice
37230	WURV		RICHMOND		VA		F	И
Licensee/Permittee Nam	e			FRN				
SM-WZZK, LLC				0022	287720)3		
Fac. ID No.	Call Sign		City		St	ate	S	Service
48724	WZZK-FM		BIRMINGHAM		A	L		FM
Licensee/Permittee Nam	e			FRN				
SM-WENN, LLC				0022	28772	52		
Fac. ID No.	Call Sign	Ci	ity		Sta	te	S	ervice
6411	WENN		IRMINGHAM		AL			M
					,			
Licensee/Permittee Nam	e			FRN				
SM-WKHK, LLC				0022	28774	50		
Fac. ID No.	Call Sign	City				State		Service
	WKHK		VIAL HEIGHTS			VA		FM
						٧A		
Licensee/Permittee Nam	e			FRN				
SM-WBHK, LLC				0022	28772:	37		
Fac. ID No.	Call Sign		City		State		Se	rvice
65227	WBHK		WARRIOR		AL		FN	

Licensee/Permittee Name	FRN			
SM-WSFR, LLC			0022877401	
Fac. ID No.	Call Sign	City	State	Service
55499	WSFR	CORYDON	IN	FM

Section II – Biennial Ownership Information

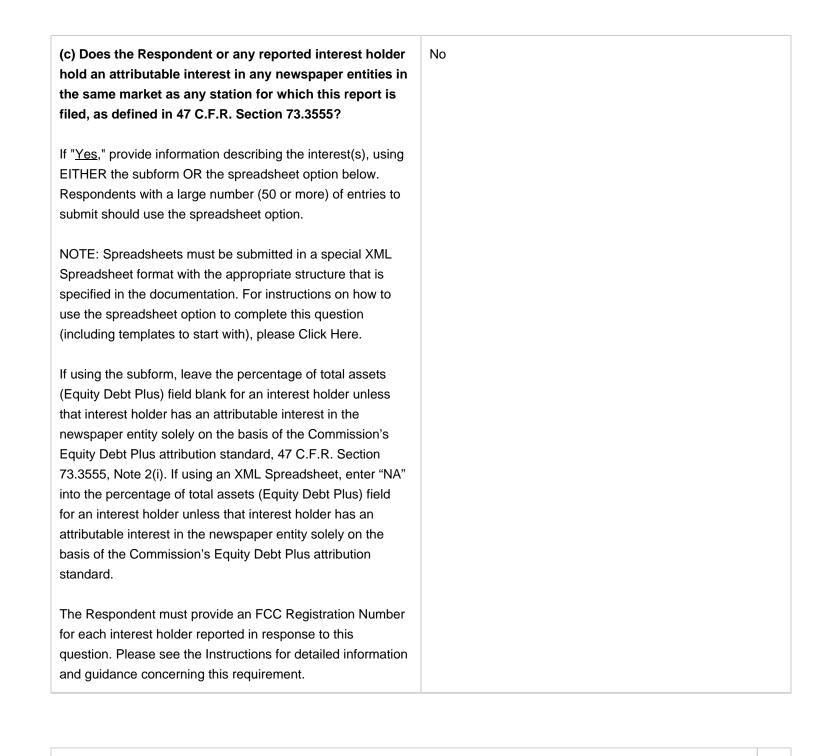
1. 47 C.F.R. Section 73.3613 and Other Documents	contracts and other instruments report. In addition, attributable L disclosed by the licensee of the attributable JSA, or a network at	set forth in 47 C.F.R. Section 73 ocal Marketing Agreements (LM brokering station on its ownersh filiation agreement, check the ap ee Respondents that only hold a	full power television, AM, and/or FM stations should list all 8.3613(a) through (c) for the facility or facilities listed on this As) and attributable Joint Sales Agreements (JSAs) must be ip report. If the agreement is an attributable LMA, an oppropriate box. Otherwise, select "Other." Non-Licensee uthorizations for Class A television and/or low power television ion.				
	Not Applicable.						
2. Ownership Interests	generating a series of subforms itself. If the Respondent is not a non-insulated members, and an standards set forth in 47 C.F.R.	This Question requires Respondents to enter detailed information about ownership interests by ubforms. Answer each question on each subform. The first subform listing should be for the Respondent is not a natural person, also list each of the officers, directors, stockholders, non-insulated partners, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies erest 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 h attributable interest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution standard 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 muses are parate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not an attributable interest in the Licensee(s) for which the report is being submitted.						
	Please see the Instructions for f	urther detail concerning interests	s that must be reported in response to this question.				
	The Respondent must provide a Please see the Instructions for c	-	each interest holder reported in response to this question. e concerning this requirement.				
	Ownership Information						
	FRN	0022913453					
	Entity Name	J.S. Kelly LLC					
	Address	PO Box					
		Street 1	2020 W EL CAMINO AVE.				
		Street 2	STE. 120				
		City	SACRAMENTO				
	State ("NA" if non-U.S.CAaddress)						
		Zip/Postal Code	95833				
		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	Voting	0.0%	Jointly Held? No			
from 0.0 to 100.0)	Equity	0.0%				
	Total assets (Equity Debt 0.0% Plus) 0.0%					
Does interest holder have	r more broadcast stations	No				

that do not appear on this report?

Ownership Information FRN 0022915649 Name Jon S. Kelly Address **PO Box** Street 1 2020 W EL CAMINO AVE Street 2 SUITE 120 SACRAMENTO City State ("NA" if non-U.S. CA address) **Zip/Postal Code** 95833 Country (if non-U.S. **United States** address) Listing Type Other Interest Holder **Positional Interests** LC/LLC/PLLC Member (check all that apply) US Citizenship, Gender, Citizenship Ethnicity, and Race Gender Male Information (Natural Persons Only) Not Hispanic or Latino Ethnicity White Race **Interest Percentages** Voting 99.0% **Jointly Held?** (enter percentage values No from 0.0 to 100.0) Equity 99.0% **Total assets (Equity Debt** 99.0% Plus) Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?

(b) Respondent certifies that any interests, including equity, financial, or votingYesinterests, not reported in this filing are non-attributable.If "No," submit as an exhibit an explanation.



(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other No or related to each other as parentchild or as siblings?

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

(e) Is Respondent seeking an attribution exemption for any officer or director withNoduties wholly unrelated to the Licensee(s)?

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.

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: Managing Member Exact Legal Title or Name of Respondent: J.S. Kelly, LLC Name: Jon s Kelly Phone: 9169784890 02/28/2018