

#### (REFERENCE COPY - Not for submission)

FRN

0026261354

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

File Number: 0000100640Submit Date: 2020-01-27FRN: 0025852443Purpose: Commercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 01/27/2020Filing Status: ActiveStatus: ActiveStatus Date: 01/27/2020

## **Section I - General Information**

The L.L. Feidler GST Trust

#### 1. Respondent

Entity Name

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
Two Buckhead Plaza, 3050 Peachtree Road, NW Suite 550	Atlanta	GA	30305	+1 (404) 816- 3255	jburgett@wileyrein. com

### 2. Contact Representative

Name	Organization
John M. Burgett, Esq.	Wiley Rein LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1776 K Street, N.W.	Washington	DC	20006	+1 (202) 719-4239	jburgett@wileyrein.com

#### 3. Application Filing Fee

4.	Nature of
Re	espondent

(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	Other Trust

(b) Provide the following information about this report:

Purpose

Not Applicable

Biennial

"As of" date

#### 10/01/2019

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	e Name					FRN	
Mississippi TV Lice	nse Compa	any, LLC				0023931	157
Fac. ID No.		Call Sign		City	Sta	ite	Service
74148		WTVA		TUPELO	M	6	DTV
Licensee/Permittee	e Name					FRN	
Alabama TV Licens	e Compan	y, LLC				00258523	93
Fac. ID No.	Ca	all Sign	С	Sity		State	Service
57292	W	ΆΑΥ-Τν	ł	HUNTSVILLE		AL	DTV
Licensee/Permittee	e Name					FRN	
Terre Haute TV Lic	ense Comp	bany, LLC				0025670	0308
Fac. ID No.	Ca	ll Sign	City	,		State	Service
70655	W	THI-TV	TE	RRE HAUTE		IN	DTV
Licensee/Permittee	e Name					FRN	
California TV Licen	se Compan	y, LLC				00247632	86
Fac. ID No.		Call Sign		City	Sta	te	Service
24508		KHSL-TV		CHICO	CA		DTV
Licensee/Permittee	e Name					FRN	
Ft. Wayne TV Licer	nse Compa	ny, LLC				00256701	34
Fac. ID No.	Ca	ll Sign	Cit	ty		State	Service
25040	W	FFT-TV	FC	ORT WAYNE		IN	DTV
Licensee/Permittee	e Name					FRN	
St. Joseph TV Lice	nse Compa	ny, LLC				0025670	167
Fac. ID No.	С	all Sign	Cit	ty		State	Service

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Licensee/Permittee Name
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Lafayette TV Licen	se Company, LLC		00256702	74
Fac. ID No.	Call Sign	City	State	Service
73204	WLFI-TV	LAFAYETTE	IN	DTV
Licensee/Permitte	e Name		FRN	
Rochester TV Lice	nse Company, LLC		00256702	290
Fac. ID No.	Call Sign	City	State	Service
66402	KIMT	MASON CITY	IA	DTV
Licensee/Permitte	e Name		FRN	
Oregon TV License	e Company LLC		0023422728	3
Fac. ID No.	Call Sign	City	State	Service
34406	KEZI	EUGENE	OR	DTV
60736	KDRV	MEDFORD	OR	DTV
60740	KDKF	KLAMATH FALLS	OR	DTV

#### Section II – Biennial Ownership Information

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all 1. 47 C.F.R. 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 Section 73.3613 report. In addition, attributable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be and Other disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an Documents 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. Not Applicable. (a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by 2. Ownership generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent Interests 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** 0026261354

FRN

Entity Name	The L.L. Feidler GST Trust		
Address	PO Box		
	Street 1	Two Buckhead Plaza, 3050 I	Peachtree Road, NW
	Street 2	Suite 550	
	City	Atlanta	
	State ("NA" if non-U.S. address)	GA	
	Zip/Postal Code	30305	
	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 Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No

Ownership Information		
FRN	0023923568	
Name	Mark Feidler	
Address	PO Box	
	Street 1	Two Buckhead Plaza, 3050 Peachtree Road, NW
	Street 2	Suite 550
	City	Atlanta
	State ("NA" if non-U.S. address)	GA
	Zip/Postal Code	30305
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Other - Trustee	
Citizenship, Gender, Ethnicity, and Race	Citizenship	US
Information (Natural	tion (Natural Gender Male	
Persons Only)	Ethnicity	Not Hispanic or Latino

	Race	White	
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)		
Does interest holder have a that do not appear on this i	an attributable interest in one o report?	r more broadcast stations	Yes
(b) Respondent certifies the	at any interests, including equi	ty, financial, or voting	Yes

(b) respondent certifies that any interests, including equity, infancial, or voting	103
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?
If " <u>Yes</u> ," 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 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 with<br/>duties wholly unrelated to the Licensee(s)?NoIf "Yes," complete the information in the required fields and submit an Exhibit fully describing<br/>that individual's duties and responsibilities, and explaining why that individual should not be<br/>attributed an interest.No

#### 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>Trustee</b> Exact Legal Title or Name of Respondent: <b>The</b> <b>L.L. Feidler GST Trust</b> Name: <b>Mark Feidler</b> Phone: <b>4048163255</b> 01/27/2020