

# Federal (REFERENCE COPY - Not for submission) Communications Operations

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

 File Number:
 0000101550
 Submit Date:
 2020-01-29
 FRN:
 0011371564

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 01/29/2020

 Filing Status:
 Active
 Status
 Status Date:
 01/29/2020

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

### 1. Respondent

FRN	Entity Name
0020001137	CKGH, LLC

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
10065 Trammell Street	Dalton	GA	30722- 1284	+1 (706) 272- 5827	stephanie. manis@sclairco.com

### 2. Contact Representative

Name	Organization
F. Scott Pippin, Esq.	Lerman Senter PLLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2001 L Street, NW Suite 400	Washington	DC	20036	+1 (202) 429- 8970	spippin@lermansenter. 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	10/01/2019
	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	FRN	FRN		
North Georgia Radic	Group, L.P.		001448950	4
Fac. ID No.	Call Sign	City	State	Service
4059	WOCE	RINGGOLD	GA	FM
49233	WBLJ	DALTON	GA	AM
54517	WYYU	DALTON	GA	FM
54518	WDAL	DALTON	GA	АМ
Licensee/Permittee	Name		FRN	
EAST TENNESSEE	RADIO GROUP III LP		0011	371564
Fac. ID No.	Call Sign	City	State	Service
66955	WBAC	CLEVELAND	TN	AM

### Section II – Biennial Ownership Information

WQMT

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 that only hold authorizations for Class A television and/or low power television stations, should select "Not Applicable" in response to this question.

DECATUR

ΤN

FM

Not Applicable.

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### 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	0020001137	
Entity Name	CKGH, LLC	

Address	PO Box			
	Street 1	10065 Trammell Street		
	Street 2			
	City	Dalton		
	State ("NA" if non-U.S. address)	GA		
	Zip/Postal Code	30722-1284		
	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	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	r more broadcast stations	No	

Ownership Information			
FRN	0019315332		
Name	GILBERT H. WATTS		
Address	PO Box	682	
	Street 1		
	Street 2		
	City	Dalton	
	State ("NA" if non-U.S. address)	GA	
	Zip/Postal Code	30722	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	

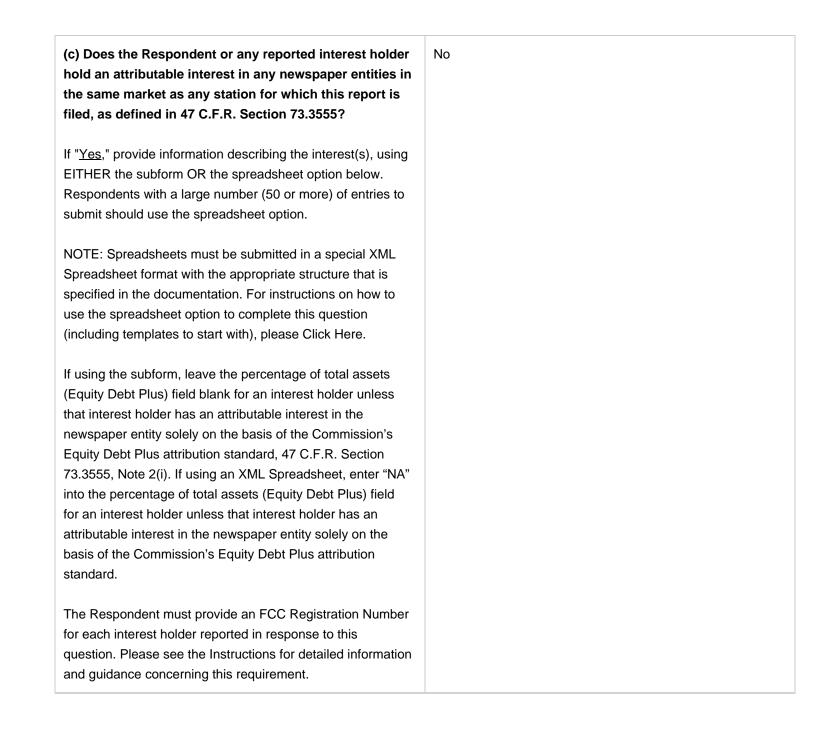
### **Ownership Information**

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	50.0% Jointly Held? No	
	Equity	50.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have a that do not appear on this r	Yes		

### **Ownership Information**

Ownership Information				
FRN	0019996271			
Name	CLIFFORD K. WATTS	CLIFFORD K. WATTS		
Address	PO Box	682		
	Street 1			
	Street 2			
	City	Dalton		
	State ("NA" if non-U.S. address)	GA		
	Zip/Postal Code	30722		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino	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%	50.0%	
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have that do not appear on this	an attributable interest in one c report?	or more broadcast stations	Yes	
(b) Pospondent cortifica th	at any interests including oqui	ity financial or yoting	Vec	

(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.	



(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	snips		
FRN	0019996271	Name	CLIFFORD K WATTS
FRN	0019315332	Name	GILBERT H WATTS
Relationship	Siblings		

#### Family Relationships

(e) Is Respondent seeking an attribution exemption for any officer or director with	No
duties 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.

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>Member</b> Exact Legal Title or Name of Respondent: <b>CKGH, LLC</b> Name: <b>Gilbert H Watts , Jr.</b> Phone: <b>7062263433</b> 01/29/2020