

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

 File Number:
 0000101295
 Submit Date:
 2020-01-28
 FRN:
 0002573855

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 01/28/2020

 Filing Status:
 Active
 Status:
 Status Date:
 01/28/2020

Section I - General Information

1. Respondent

FRN	Entity Name
0029165255	Melvin Suhr Trust

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1310 Levin Drive	Knoxville	ΙΑ	50138	+1 (641) 842- 3161	suhrmel@gmail. com

2. Contact Representative

Name	Organization
David Oxenford	Wilkinson Barker Knauer, LLP

Street	City (and Country if non U.S.		Zip		
Address	address)	State	Code	Phone	Email
1800 M Street, NW Suite 800N	Washington	DC	20036	+1 (202) 783- 4141	doxenford@wbklaw. 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	Other Trust		

(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 Name			FRN	FRN		
Home Broadcasting	g Inc		0002577450			
Fac. ID No.	Call Sign	City	State	Service		
71014	КСІІ	WASHINGTON	IA	AM		
71015	KCII-FM	KCII-FM WASHINGTON		FM		
Licensee/Permittee	e Name		FRN			
M and H Broadcast	ing, Inc.		0002573855			
Fac. ID No.	Call Sign	City	State	Service		
39462	KRLS	KNOXVILLE	IA	FM		
39463	KNIA	KNOXVILLE	IA	АМ		
Licensee/Permittee	e Name		FRN			
M&M Broadcasting	, Inc.		0021463443			
	Call Sign	City	State	Sorvico		

Fac. ID No.	Call Sign	City	State	Service
6685	KGRA	JEFFERSON	IA	FM
13822	KKRF	STUART	IA	FM
52314	KDLS	PERRY	IA	AM

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.
	Not Applicable.
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.
	Discourse the instructions for further detail concerning interacts that recent he negated in reconcerns to this succession

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	0029165255			
Entity Name	Melvin Suhr Trust	Melvin Suhr Trust		
Address	PO Box			
	Street 1	1310 Levin Drive		
	Street 2			
	City	Knoxville		
	State ("NA" if non-U.S. address)	ΙΑ		
	Zip/Postal Code	50138		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
Positional Interests (check all that apply)	Respondent	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 a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes	

Ownership Information				
FRN	0019313386	0019313386		
Name	Mel A. Suhr	Mel A. Suhr		
Address	PO Box			
	Street 1	1310 Levin Drive		
	Street 2			
	City	Knoxville		
	State ("NA" if non-U.S. address)	ΙΑ		
	Zip/Postal Code	50138		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	·		

Positional Interests (check all that apply)	Other - Co-Trustee			
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US		
	Gender	Male	Male	
	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? Yes	
from 0.0 to 100.0)	Equity	100.0%		
	Total assets (Equity Debt Plus)	100.0%		
Does interest holder have	an attributable interest in one o	or more broadcast stations	Yes	

that do not appear on this report?

Ownership Information				
FRN	0019313444	0019313444		
Name	Holly J. Suhr			
Address	PO Box	ОВох		
	Street 1	1310 Levin Drive		
	Street 2			
	City	Knoxville		
	State ("NA" if non-U.S. address)	ΙΑ		
	Zip/Postal Code	50138		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - Co-Trustee			
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US		
	Gender	Female		
	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	100.0%	Jointly Held? Yes	
	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have an attributable interest in one or more broadcast stationsYesthat do not appear on this report?				

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?	
f "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"	
nto the percentage of total assets (Equity Debt Plus) field	
or an interest holder unless that interest holder has an	
attributable interest in the newspaper entity solely on the	
pasis 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 Yes or related to each other as parentchild or as siblings?

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

Family Relationships

FRN	0019313386	Name	Mel A Suhr
FRN	0019313444	Name	Holly J Suhr
Relationship	Spouses		

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
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: Trustee Exact Legal Title or Name of Respondent: Melvin Suhr Trust Name: Melvin Suhr Phone: 6418423161 01/28/2020