

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

 File Number:
 0000101496
 Submit Date:
 2020-01-29
 FRN:
 0007298110

 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
0007298110	MLS Communications, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 1756	Guymon	ОК	73942	+1 (580) 338- 5493	marsha@kkbs. com

#### 2. Contact Representative

Name	Organization
Marsha L. Strong	MLS Communications Inc.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
P.O. Box 1756 Guymon, OK 73942	Guymon	ОК	73942	+1 (580) 338-5493	marsha@kkbs.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	For-profit corporation

### (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.

## and Station(s)

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Name		F	RN	
MLS Communications, Inc.		(	0007298110	
Fac. ID No.	Call Sign	City	State	Service
43279	KKBS	GUYMON	ОК	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 a Respondents, as well as Licens	set forth in 47 C.F.R. Section 73 ocal Marketing Agreements (LM brokering station on its ownersh ffiliation agreement, check the a	full power television, AM, and/or FM stations should list all 3.3613(a) through (c) for the facility or facilities listed on this IAs) and attributable Joint Sales Agreements (JSAs) must be hip report. If the agreement is an attributable LMA, an ppropriate box. Otherwise, select "Other." Non-Licensee authorizations for Class A television and/or low power television tion.	
2. Ownership Interests	<ul> <li>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. or entities.) List each interest hor Leave the percentage of total as attributable interest in the Respondent 73.3555, Note 2(i).</li> <li>In the case of vertical or indirect attributable interest in the License Entities that are part of an organ separate ownership reports. In separate ownership reports. In separate ownership reports. In separate ownership reports for for the Respondent must provide a separate ownership reports.</li> </ul>	Answer each question on each natural person, also list each of y other persons or entities with a Section 73.3555. (A "direct" inte- older with a direct attributable inte- sets (Equity Debt Plus) field bla ondent solely on the basis of the t ownership structures, list only the see(s) for which the report is bei nizational structure that includes such a structure do not report, or censee(s) for which the report is urther detail concerning interests	holding companies or other forms of indirect ownership must file r file a separate report for, any interest holder that does not have being submitted. s that must be reported in response to this question. each interest holder reported in response to this question.	
	Ownership Information			
	FRN	0007298110		
	Entity Name	MLS Communications, Inc.		
	Address	PO Box	1756	
		Street 1		
		Street 2		
		City	Guymon	
		State ("NA" if non-U.S. address)	ОК	
	Zip/Postal Code 73942			
		Country (if non-U.S.     United States       address)     Image: Country of the states		
	Listing Type	Respondent		

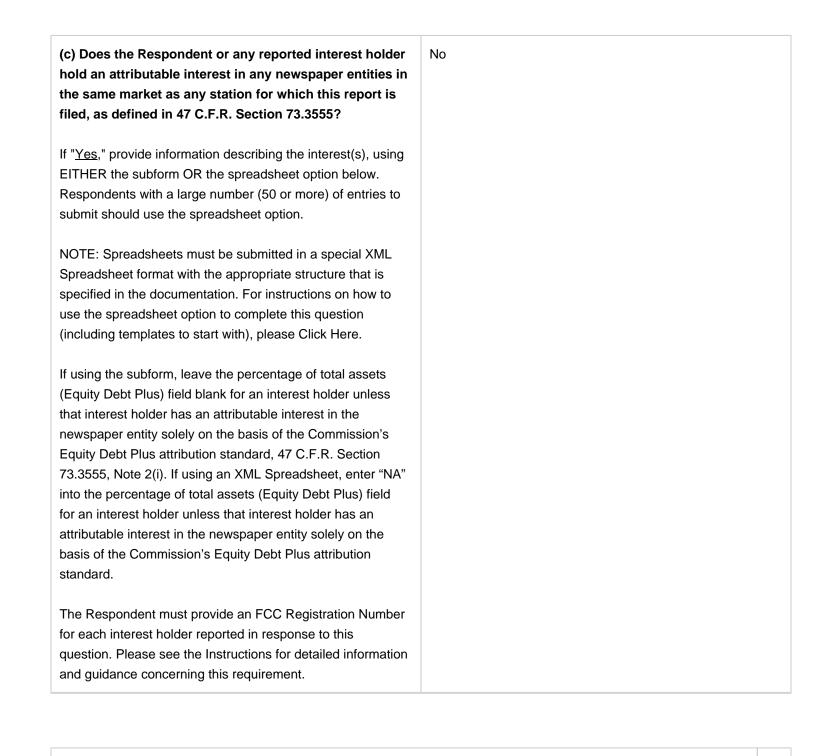
Positional Interests (check all that apply)	Respondent		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one o report?	or more broadcast stations	No

# Ownership Information

FRN	2130013085			
Name	Marsha L. Strong			
Address	PO Box	1756		
	Street 1	3001 N. Highway 64		
	Street 2			
	City	Guymon		
	State ("NA" if non-U.S. address)	ОК		
	Zip/Postal Code	73942		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Owner			
Citizenship, Gender,	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? No	
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a	an attributable interest in one o	or more broadcast stations	No	

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 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: <b>GM</b> Exact Legal Title or Name of Respondent: <b>Marsha Strong</b> Name: <b>Marsha L Strong</b> Phone: <b>5802065527</b> 01/29/2020
		01/20/2020