

(REFERENCE COPY - Not for submission)

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

File Number: **0000104542** Submit Date: **2020-01-31** FRN: **0005078076** 

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 02/03/2020

Filing Status: Active

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

#### 1. Respondent

FRN	Entity Name
0005078076	Better Life Television, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 766	Grants Pass	OR	97528	+1 (541) 474- 3089	charlie@betterlifetv.

## 2. Contact Representative

Name	Organization
Donald Martin	Donald E. Martin, P.C.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 8433	Falls Church	VA	22041	+1 (703) 642-2344	dempc@prodigy.net

## 3. Application Filing Fee

Question	Response
Is this application being submitted without a filing fee?	No

#### **Fees**

Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
Biennial	Form 323	MAT	2	95	\$140.00
				Total	\$140.00

## 4. Nature of Respondent

# (a) Provide the following information about the Respondent: Relationship to stations/permits Licensee Nature of Respondent Not-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.	

## 5. Licensee(s) and Station(s)

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

Licensee/Permittee Name	FRN
Better Life Television, Inc.	0005078076

Fac. ID No.	Call Sign	City	State	Service
5004	K17EZ-D	ROGUE RIVER	OR	LPD
5005	K25IM-D	MEDFORD	OR	LPD
5006	K44FH-D	COOS BAY	OR	LPD
5007	K47HT	ROSEBURG	OR	LPA
5008	K31NH-D	KLAMATH FALLS	OR	LPD
5010	K23EX-D	MEDFORD	OR	DCA
5011	K36NF-D	GRANTS PASS	OR	DCA
5012	K48GO-D	CAVE JUNCTION	OR	LPD
24009	KAMK-LD	EUGENE	OR	LPD
24574	K22FC-D	GRANTS PASS	OR	DCA
31437	KTVC	ROSEBURG	OR	DTV
49529	КЗЗНН	REDDING	CA	LPA
83306	KBLN-TV	GRANTS PASS	OR	DTV
128672	K33GJ-D	MERLIN	OR	LPD
130169	K36NY-D	YREKA	CA	LPD
130787	K26HS-D	TILLAMOOK	OR	LPD

182073	KNRC-LD	SPARKS	NV	LPD
183714	K43OQ-D			LPD
188826	K25NO-D	GASQUET	CA	LPD

#### **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.

Document Information		
Description of contract or instrument	Articles of Incorporation	
Parties to contract or instrument	Internal	
Date of execution	06/1988	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other  Agreement Type: Corporate governance document	

Document Information		
Description of contract or instrument	Bylaws	
Parties to contract or instrument	Internal	
Date of execution	06/1988	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other  Agreement Type: Corporate governance document	

Document Information	
Description of contract or instrument	Network Affiliation Agreement
Parties to contract or instrument	Respondent and Three Angels Broadcasting Network, Inc.
Date of execution	03/1997
Date of expiration	No expiration date
Agreement type (check all that apply)	Network Affiliation Agreement

## 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	0005078076	0005078076		
Entity Name	Better Life Television, Inc.			
Address	РО Вох	<b>PO Box</b> 766		
	Street 1			
	Street 2			
	City	Grants Pass		
	State ("NA" if non-U.S. address)			
	Zip/Postal Code	Zip/Postal Code 97528		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent	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 0.0% Plus)			
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations	No	

Ownership Information		
FRN	0019460740	
Name	Patty Hyland	
Address	PO Box Street 1 6661 Lower River Road	
	Street 2	
	City Grants Pass	

	State ("NA" if non-U.S. address)	OR	
	Zip/Postal Code	97526	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director		
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	9.1%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	<b>Debt</b> 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	0016366122	0016366122		
Name	Walter J. MacPhee			
Address	РО Вох			
	Street 1	560 NE F Street A61	13	
	Street 2			
	City	Grants Pass		
	State ("NA" if non-U.S. address)	OR		
	Zip/Postal Code	97526		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Director			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latir	no	
	Race	White		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	9.1%	Jointly Held? No	

Equity	0.0%	
Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information				
FRN	0027304468			
Name	Richard Duerksen	Richard Duerksen		
Address	PO Box			
	Street 1	6236 SE Dunbar Drive		
	Street 2			
	City	Portland		
	State ("NA" if non-U.S. address)	OR		
	Zip/Postal Code	97236		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Director	Director		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	9.1%	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	0025101411	
Name	Helen Peterson	
Address	PO Box Street 1 4886 Lower Grace Creek Road Street 2	
	City Sunny Valley	
	State ("NA" if non-U.S. address)	OR

	Zip/Postal Code	97494		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director			
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	9.1%	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	or more broadcast stations	No	

Ownership Information			
FRN	2130007574		
Name	Antonio Rodriguez		
Address	PO Box		
	Street 1	863 North View Drive	
	Street 2		
	City	Winchester	
	State ("NA" if non-U.S. address)	OR	
	Zip/Postal Code	97495	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder	Other Interest Holder	
Positional Interests (check all that apply)	Director		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	9.1%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt	0.0%	

	Plus)		
Does interest holder have an that do not appear on this re	attributable interest in one or port?	more broadcast stations	No

Ownership Information				
FRN	0027304476			
Name	Kimberlei Wagner	Kimberlei Wagner		
Address	PO Box			
	Street 1	401 Pine Grove Road		
	Street 2			
	City	Rogue River		
	State ("NA" if non-U.S. OR address)			
	Zip/Postal Code 97537  Country (if non-U.S. united States address)			
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director	Officer, Director		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	Black or African American, Wi	nite	
Interest Percentages (enter percentage values	Voting	9.1% Jointly Held?		
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 creport?	or more broadcast stations	No	

Ownership Information		
FRN	0005503313	
Name	JOHN C F. SCHULZ, JR.	
Address	PO Box	
	Street 1	3095 Garden Valley Road
	Street 2	
	<b>City</b> Roseburg	
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97471

	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	9.1%	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	2130014687			
Name	Charles L. Austin, Jr.	Charles L. Austin, Jr.		
Address	PO Box			
	Street 1	36505 Ditch Creek Road	36505 Ditch Creek Road	
	Street 2			
	City	Rogue River		
	State ("NA" if non-U.S. address)	OR		
	Zip/Postal Code	97537		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Director			
Citizenship, Gender,	Citizenship	izenship US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	9.1%	Jointly Held? No	
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		

Ownership Information			
FRN	2130014695		
Name	Michael Brackett		
Address	PO Box		
	Street 1	2288 Cady Road	
	Street 2		
	City	Jacksonville	
	State ("NA" if non-U.S. address)	OR	
	Zip/Postal Code	97530	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	9.1%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
	Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		

FRN	2130014703	2130014703	
	2130014703		
Name	Carole J. Blech	Carole J. Blech	
Address	РО Вох	PO Box	
	Street 1	1867 Williams Hwy, No.270	
	Street 2		
	City	Grants Pass	
	State ("NA" if non-U.S. address)	OR	
	Zip/Postal Code	97527	
	Country (if non-U.S. address)	United States	

Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director		
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 from 0.0 to 100.0)	Voting	9.1%	Jointly Held? No
	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 or	or more broadcast stations	No

Ownership Information			
FRN	0029173978		
Name	Charles A. Byrd		
Address	PO Box		
	Street 1	367 Volkmer Way	
	Street 2		
	City	Williams	
	State ("NA" if non-U.S. address)	OR	
	Zip/Postal Code	97544	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	9.1%	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

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?	No		
If "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" 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 inter or related to each other as parentchild or as siblings?	est holder in the Respondent	married to each other	No
If "Yes," provide the following information for each such the rela	ationship.		
(e) Is Respondent seeking an attribution exemption for any duties wholly unrelated to the Licensee(s)?	y officer or director with	No	
If "Yes," complete the information in the required fields and subthat individual's duties and responsibilities, and explaining why	•		

Yes

(b) Respondent certifies that any interests, including equity, financial, or voting

interests, not reported in this filing are non-attributable.

# 3. Organizational Chart (Licensees Only)

Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

Non-Licensee Respondents should select "N/A" in response to this question.

attributed an interest.

Respondent is a nonprofit corporation with a self-sustaining governing board. It has no sibling, parent or subsidiary entity.

## **Section III - Certification**

### 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>President</b> Exact Legal Title or Name of Respondent: <b>Better Life Television, Inc.</b> Name: <b>Kimberlei Wagner</b> Phone: <b>5414743089</b> 01/31/2020