

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: **0000103487** | Submit Date: **2020-01-31** | FRN: **0012145736**

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 02/05/2020

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0012145736	Prairie 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 220 20 Main Street	Scobey	MT	59263	+1 (406) 487- 2293	kcgmfm@yahoo. com

2. Contact Representative

Name	Organization	
John Machart	Prairie Communication Inc.	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 563	Scobey	МТ	59263	+1 (406) 487-2293	kcgm@nemont.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	MAR	1	95	\$70.00
				Total	\$70.00

4. Nature of Respondent

(a) Provide the following information about the Respondent:		
Relationship to stations/permits	Licensee	
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.		

5. Licensee(s) and Station(s)

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

Licensee/Permittee Name	FRN
Prairie Communications Inc.	0012145736

Fac. ID No.	Call Sign	City	State	Service
53311	KCGM	SCOBEY	MT	FM

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.

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	0012145736	0012145736		
Entity Name	Prairie Communications Inc.	Prairie Communications Inc.		
Address	PO Box 220			
	Street 1	20 Main Street		
	Street 2			
	City	Scobey		
	State ("NA" if non-U.S. address)	MT		
	Zip/Postal Code	59263		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent	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 an attributable interest in one or more broadcast stations that do not appear on this report?				

Ownership Information				
FRN	9990117606	9990117606		
Name	Burley Bowler	Burley Bowler		
Address	РО Вох			
	Street 1	302 C Street		
	Street 2			
	City	Scobey		
	State ("NA" if non-U.S. address)	MT		
	Zip/Postal Code	59263		

	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder		
Citizenship, Gender, Ethnicity, and Race Information (Natural	Citizenship	US	
	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	14.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No

Ownership Information				
FRN	9990117607			
Name	Cliff Hagfeldt			
Address PO Box		311		
	Street 1	415 Mill Street		
	Street 2			
	City	Scobey		
	State ("NA" if non-U.S. address)	MT		
	Zip/Postal Code	59263		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Stockholder			
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 from 0.0 to 100.0)	Voting	7.0%	Jointly Held? No	
	Equity	0.0%		
	Total assets (Equity Debt Plus)			

Does interest holder have an attributable interest in one or more broadcast stations	
that do not appear on this report?	

Ownership Information			
FRN	9990117610	9990117610	
Name	Brooks Marlenee		
Address	РО Вох	968	
	Street 1	PO Box 968	
	Street 2		
	City	Scobey	
	State ("NA" if non-U.S. address)	MT	
	Zip/Postal Code	59263	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Stockholder		
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	1.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a	an attributable interest in one oreport?	r more broadcast stations	No

FRN 9990117611	
Name John Brenden	
Address PO Box 970	
Street 1 PO Box 970	
Street 2	
City Scobey	
State ("NA" if non-U.S. MT address)	
Zip/Postal Code 59263	

	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director, Stockholder		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	us	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	3.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No

Ownership Information			
FRN	9990117612		
Name	Perry Wolfe		
Address	PO Box 150		
	Street 1	PO Box 150	
	Street 2		
	City	Scobey	
	State ("NA" if non-U.S. address)	MT	
	Zip/Postal Code	59263	
	Country (if non-U.S. United States address)		
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director, Stockholder		
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 from 0.0 to 100.0)	Voting	1.0% Jointly Held?	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		

Does interest holder have an attributable interest in one or more broadcast stations	
that do not appear on this report?	

Ownership Information			
FRN	9990117613		
Name	Charles Trower		
Address	РО Вох	530	
	Street 1	PO Box 530	
	Street 2		
	City	Scobey	
	State ("NA" if non-U.S. address)	MT	
	Zip/Postal Code	59263	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director, Stockholder		
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	5.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this i	n attributable interest in one o	r more broadcast stations	No

Ownership Information			
FRN	9990117614		
Name	Cindy Fouhy	Cindy Fouhy	
Address	PO Box		
	Street 1	258 Butte Creek Road	
	Street 2		
	City	Peerless	
	State ("NA" if non-U.S. address)	MT	
	Zip/Postal Code	59253	

	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director, Stockholder		
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	Voting	14.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No

Ownership Information				
FRN	9990117616			
Name	John Machart			
Address	РО Вох	563		
	Street 1	PO Box 563		
	Street 2			
	City	Scobey		
	State ("NA" if non-U.S. address)	MT		
	Zip/Postal Code	59263		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Director, Stockholder			
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 from 0.0 to 100.0)	Voting	1.0% Jointly Held?		
	Equity	0.0%		
	Total assets (Equity Debt Plus)			

(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.	

Does interest holder have an attributable interest in one or more broadcast stations

(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?

that do not appear on this report?

, using

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.

Yes

Other Newspaper Interests		
FRN	9990117606	
Name	Burley Bowler	
Name of Newspaper	Daniels County Leader	
Location of Newspaper	City	Scobey
	State	MT
Positional Interests (check all that apply)	Owner	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	100.0%
	Equity	100.0%
	Total assets (Equity Debt Plus)	100.0%

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

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)? If "Yes," 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.

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.

An board of 8 members

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: Office Manager Exact Legal Title or Name of Respondent: Prairie Communications Inc. Name: Jedda Barron Phone: 4064872293