

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

 File Number:
 0000167039
 Submit Date:
 2021-11-08
 FRN:
 0024087504

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 11/08/2021

 Filing Status:
 Active
 Status
 Status Date:
 11/08/2021

Section I - General Information

1. Respondent

FRN	Entity Name
0019335223	Harris H. Simmons 201 Trust

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
101 S. 200 E. Suite 100	Salt Lake City	UT	84111	+1 (801) 483-6118	bleifson@simmonsmedia. com

2. Contact Representative

Name	Organization	
Christine McLaughlin	Marashlian & Donahue, PLLC	

Street	City (and Country if non U.S.		Zip		
Address	address)	State	Code	Phone	Email
1420 Spring Hill Road, Suite 310	McLean	VA	22102	+1 (202) 441- 1556	czm@commlawgroup. 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	10/01/2021
	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.

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

Licensee/Permittee Name	FRN
Missoula Broadcasting Company, LLC	0024087504

Fac. ID No.	Call Sign	City	State	Service
146254	K287AW	HAMILTON	МТ	FX
149672	K275BS	MISSOULA	МТ	FX
162324	KDTR	FLORENCE	МТ	FM
162326	КҮЈК	MISSOULA	МТ	FM
162327	KKVU	STEVENSVILLE	МТ	FM

Section II – Biennial Ownership Information

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

1.47 C.F.R.

and Other

Documents

Section 73.3613

(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	wnership Information					
FRN	0019335223					
Entity Name	Harris H. Simmons 201 Trust	Harris H. Simmons 201 Trust				
Address	PO Box					
	Street 1	101 S. 200 E. Suite 100				
	Street 2					
	City	Salt Lake City				

	State ("NA" if non-U.S. address)	UT	
	Zip/Postal Code	84111	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
Positional Interests (check all that apply)	Respondent Interest holder is not a Tribal nation or Tribal entity		
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 c	or more broadcast stations	No

that do not appear on this report?

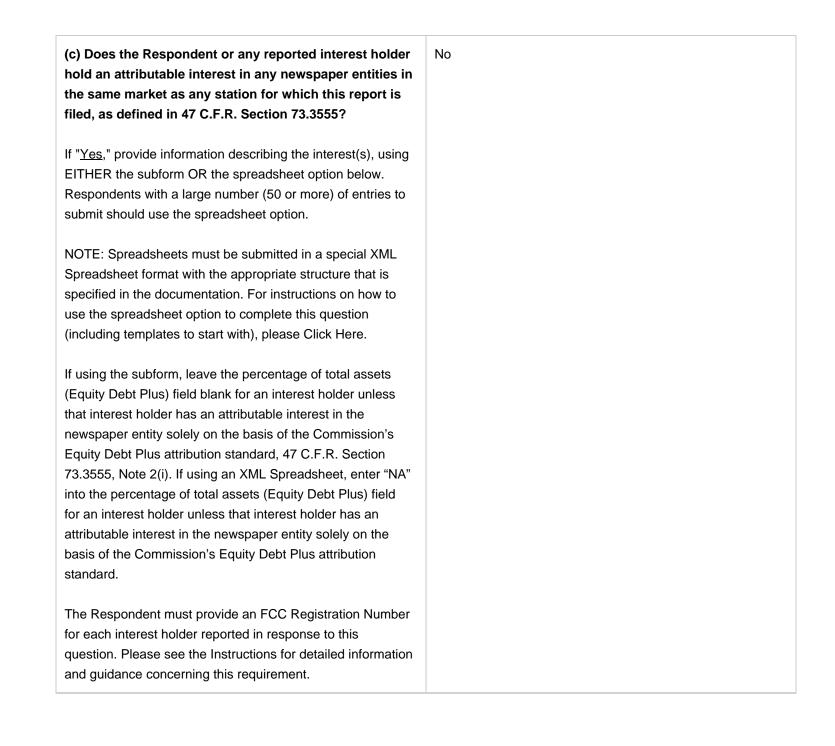
Ownership Information

Ownership information				
FRN	0019354695	0019354695		
Name	David E. Simmons			
Address	PO Box			
	Street 1	101 S. 200 E.		
	Street 2	Suite 100		
	City	Salt Lake City		
	State ("NA" if non-U.S. address)	UT	UT	
	Zip/Postal Code	84111		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - Trustee			
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	100.0%	Jointly Held? Yes	
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?

Yes

Ownership Information						
FRN	0019354703					
Name	Harris H. Simmons					
Address	PO Box					
	Street 1	101 S. 200 E.				
	Street 2	Suite 100				
	City	Salt Lake City				
	State ("NA" if non-U.S. address)	UT				
	Zip/Postal Code	84111				
	Country (if non-U.S. United States address) United States					
Listing Type	Other Interest Holder					
Positional Interests (check all that apply)	Other - trustee					
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	100.0%	Jointly Held? Yes			
from 0.0 to 100.0)	Equity	100.0%				
	Total assets (Equity Debt100.0%Plus)					
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?						
(b) Respondent certifies that any interests, including equity, financial, or votingYesinterests, not reported in this filing are non-attributable.If "No," submit as an exhibit an explanation.Yes						



(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	0019354695	Name	David E Simmons	
FRN	0019354703	Name	Harris H Simmons	
Relationship	Siblings			

(e) Is Respondent seeking an attribution exemption for any officer or director with	

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

 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.

Certification

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: Accounting Manager Exact Legal Title or Name of Respondent: Harris H. Simmons 201 Trust Name: Bret J Leifson Phone: 8013291882 11/08/2021