

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

 File Number:
 0000167041
 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
0031489743	LES-T LLC

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

3. Application Filing Fee

Not Applicable

4. Nature of Respondent

(a) Provide the following information about the Respondent:		t:
	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	Limited liability company

(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.

5. Licensee(s) and Station(s)

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

Licensee/Permittee Name F			FRN	FRN	
Missoula Broadcasting Company, LLC			00240875	0024087504	
Fac. ID No.	Call Sign	City	State	Service	
146254	K287AW	HAMILTON	MT	FX	
149672	K275BS	MISSOULA	MT	FX	
162324	KDTR	FLORENCE	MT	FM	
162326	КҮЈК	MISSOULA	МТ	FM	

STEVENSVILLE

MT

FM

Section II – Biennial Ownership Information

KKVU

162327

1. 47 C.F.R. Section 73.3613 and Other Documents	contracts and other instruments report. In addition, attributable Lu disclosed by the licensee of the attributable JSA, or a network af Respondents, as well as License stations, should select "Not Appl	authorizations for one or more full power television, AM, and/or FM stations should list all set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this ocal Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be brokering station on its ownership report. If the agreement is an attributable LMA, an filiation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee ee Respondents that only hold authorizations for Class A television and/or low power television icable" in response to this question.		
	Not Applicable.			
2. Ownership Interests	generating a series of subforms. itself. If the Respondent is not a non-insulated members, and any standards set forth in 47 C.F.R. or entities.) List each interest ho Leave the percentage of total as attributable interest in the Respo Section 73.3555, Note 2(i). In the case of vertical or indirect attributable interest in the Licens Entities that are part of an organ	direct ownership structures, list only those interests in the Respondent that also represent an Licensee(s) for which the report is being submitted. organizational structure that includes holding companies or other forms of indirect ownership must fil s. In such a structure do not report, or file a separate report for, any interest holder that does not have		
	Please see the Instructions for fu	urther detail concerning interests	that must be reported in response to this question.	
	The Respondent must provide a Please see the Instructions for d	-	each interest holder reported in response to this question.	
	Ownership Information			
	FRN	0031489743		
	Entity Name LES-T LLC			
	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	Respondent	
Positional Interests (check all that apply)	Respondent		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal	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 c	or more broadcast stations	No

Ownership Information

that do not appear on this report?

Ownership Information	Information			
FRN	2130001403			
Name	Laurence E. Simmons	Laurence E. Simmons		
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	Other Interest Holder			
Positional Interests (check all that apply)	LC/LLC/PLLC Member			
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? No	
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 or more broadcast stations that do not appear on this report?	No
(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.	Yes

If "No," submit as an ex	hibit an explanation.
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(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 interest holder in the Respondent married to each other No or related to each other as parentchild or as siblings?

If "<u>Yes</u>," 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)?	No
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.	

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: LES- T, LLC Name: Bret J Leifson Phone: 8014836118 11/08/2021