

Noncommercial Broadcast Stations Biennial Ownership Report (FCC Form 323-E)

File Number:0000165281Submit Date:2021-10-29FRN:0010509198Purpose:Noncommercial Broadcast Stations Biennial Ownership ReportStatus:Status:Status Date:10/29/2021Filing Status:Active

Section I - General Information

1. Respondent

| 0010509198 Blue Lake Fine Arts Camp | FRN | Entity Name |
|-------------------------------------|------------|--------------------------|
| | 0010509198 | Blue Lake Fine Arts Camp |

| Street Address | City (and Country if non U.S. address) | State ("NA" if non-U.S. address) | Zip Code | Phone | Email |
|----------------------------------|---|-------------------------------------|-------------|-----------------------|-------------------------|
| 300 East Crystal Lake Road | Twin Lake | МІ | 49457 | +1 (231) 894- 5656 | dmyers@bluelake. org |

2. Contact Representative

| Name | Organization |
|----------------|----------------------|
| Cary S. Tepper | Tepper Law Firm, LLC |

| Street Address | City (and Country if non U.S. address) | State | Zip Code | Phone | Email |
|------------------------------------|--|-------|------------|-------------------|-------------------|
| 4900 Auburn Avenue Suite 100 | Bethesda | MD | 20814-2632 | +1 (301) 718-1818 | tepperlaw@aol.com |

3. Application Filing Fee

Not Applicable

4. Control of Respondent

| (a) Provide the following information about the Respondent: | | | | |
|---|--|----|--|--|
| Relationship to stations/permits | Licensee | | | |
| Is the Respondent's governing boa indirectly under the control of anot | ard (or other governing entity) directly or ther entity? | No | | |

| 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 | | |
|-------------------------|-----------|---------|-----|-------|---------|
| Blue Lake Fine Arts Cam | | 0010509 | 198 | | |
| | | | | | |
| Fac. ID No. | Call Sign | City | | State | Service |

GRAND RAPIDS

FΜ

MI

Section II – Biennial Ownership Information

WBLU-FM

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. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents should select "Not Applicable" in response to this question.

Not Applicable.

5903

2. Ownership Interests

1.47 C.F.R.

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, members of the governing board (or other governing entity), stockholders, 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 | Ownership Information | | | | |
|-----------------------|-------------------------------------|----------------------------|--|--|--|
| FRN | 0010509198 | | | | |
| Entity Name | Blue Lake Fine Arts Camp | | | | |
| Address | PO Box | | | | |
| | Street 1 | 300 East Crystal Lake Road | | | |
| | Street 2 | | | | |
| | City | Twin Lake | | | |
| | State ("NA" if non-U.S. address) | MI | | | |
| | Zip/Postal Code | 49457 | | | |
| | Country (if non-U.S. address) | United States | | | |
| Listing Type | 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 | Voting | 0.0% | | |
| (enter percentage values 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 o | r more broadcast stations | No | |

| Ownership Information | | | | |
|--|--|----------------------------|----|--|
| FRN | 9990117468 | | | |
| Name | William F. Stansell | | | |
| Address | PO Box | | | |
| | Street 1 | 9243 Silver River Loop | | |
| | Street 2 | | | |
| | City | Eagle Harbor | | |
| | State ("NA" if non-U.S. address) | MI | | |
| | Zip/Postal Code | 49550 | | |
| | Country (if non-U.S. address) | United States | | |
| Listing Type | Other Interest Holder | | | |
| Positional Interests (check all that apply) | Member of Governing Board (| or other governing entity) | | |
| Principal Profession or Occupation | Retired | | | |
| By Whom Appointed or Elected | Elected by Board | | | |
| 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 | 06.6% | | |
| from 0.0 to 100.0) | Equity | 00.0% | | |
| | Total assets (Equity Debt Plus) | 00.0% | | |
| Does interest holder have an that do not appear on this re | n attributable interest in one or port? | r more broadcast stations | No | |

| FRN | 9990117469 | | |
|--|--|----------------------------|----|
| Name | Dr. Robert Crisp | | |
| Address | PO Box | | |
| | Street 1 | 1814 Black Lake Blvd. | |
| | Street 2 | | |
| | City | Winter Garden | |
| | State ("NA" if non-U.S. address) | FL | |
| | Zip/Postal Code | 34787 | |
| | Country (if non-U.S. address) | United States | |
| Listing Type | Other Interest Holder | | |
| Positional Interests (check all that apply) | Member of Governing Board (| or other governing entity) | |
| Principal Profession or Occupation | Retired | | |
| By Whom Appointed or Elected | Elected by Board | | |
| Citizenship, Gender, | Citizenship | US | |
| Ethnicity, and Race Information (Natural | Gender | Male | |
| Persons Only) | Ethnicity | Not Hispanic or Latino | |
| | Race | Black or African American | |
| Interest Percentages | Voting | 06.6% | |
| (enter percentage values from 0.0 to 100.0) | Equity | 00.0% | |
| | Total assets (Equity Debt Plus) | 00.0% | |
| Does interest holder have a that do not appear on this r | an attributable interest in one o report? | r more broadcast stations | No |

| FRN | 9990117471 | 9990117471 | | |
|---------|-------------------------------------|--------------------|--|--|
| Name | Donald Flickinger | | | |
| Address | PO Box | | | |
| | Street 1 | 17269 Valley Drive | | |
| | Street 2 | | | |
| | City | Big Rapids | | |
| | State ("NA" if non-U.S. address) | MI | | |
| | Zip/Postal Code | 49307 | | |
| | Country (if non-U.S. address) | United States | | |

| Listing Type | Other Interest Holder | | |
|--|------------------------------------|--|--|
| Positional Interests (check all that apply) | Officer, Member of Governing | Officer, Member of Governing Board (or other governing entity) | |
| Principal Profession or Occupation | Retired | | |
| By Whom Appointed or Elected | Elected by Board | | |
| Citizenship, Gender, | Citizenship | US | |
| Ethnicity, and Race Information (Natural Persons Only) | Gender | Male | |
| | Ethnicity | Not Hispanic or Latino | |
| | Race | White | |
| Interest Percentages | Voting | 06.6% | |
| (enter percentage values from 0.0 to 100.0) | Equity | 00.0% | |
| | Total assets (Equity Debt Plus) | 00.0% | |
| Does interest holder have a | an attributable interest in one o | r more broadcast stations No | |

| Ownership Information | | | |
|--|---|--------------------|--|
| FRN | 9990117472 | | |
| Name | Bill McFarlin | | |
| Address | PO Box | | |
| | Street 1 | 1400 Poyntz Avenue | |
| | Street 2 | | |
| | City | Manahattan | |
| | State ("NA" if non-U.S. KS address) | | |
| | Zip/Postal Code | 66502 | |
| | Country (if non-U.S. address) | United States | |
| Listing Type | Other Interest Holder | | |
| Positional Interests (check all that apply) | Member of Governing Board (or other governing entity) | | |
| Principal Profession or Occupation | Territory Manager, U.S. Foods | | |
| By Whom Appointed or Elected | Elected by Board | | |
| Citizenship, Gender, | Citizenship | US | |
| Ethnicity, and Race Information (Natural | Gender | Male | |
| Persons Only) | Ethnicity Not Hispanic or Latino | | |

White

Race

| Interest Percentages | Voting | 06.6% |
|---|------------------------------------|-------|
| (enter percentage values from 0.0 to 100.0) | Equity | 00.0% |
| | Total assets (Equity Debt Plus) | 00.0% |
| Deep interest helder here | n attributable interact in and a | |

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

No

| Ownership Information | | | | |
|---|---------------------------------------|-----------------------------|------------------------|--|
| FRN | 9990117474 | 9990117474 | | |
| Name | Dr. Dale Nesbary | Dr. Dale Nesbary | | |
| Address | PO Box | | | |
| | Street 1 | 3251 Millard Street | | |
| | Street 2 | | | |
| | City | Muskegon | | |
| | State ("NA" if non-U.S. address) | MI | | |
| | Zip/Postal Code 49441-1116 | | | |
| | Country (if non-U.S. address) | | | |
| Listing Type | Other Interest Holder | Other Interest Holder | | |
| Positional Interests (check all that apply) | Member of Governing Board | (or other governing entity) | | |
| Principal Profession or Occupation | President, Muskegon Community College | | | |
| By Whom Appointed or Elected | Elected by Board | | | |
| Citizenship, Gender, | Citizenship US | | | |
| Ethnicity, and Race Information (Natural | Gender | Male | | |
| Persons Only) | Ethnicity | Not Hispanic or Latino | Not Hispanic or Latino | |
| | Race | Black or African American | | |
| Interest Percentages | Voting | 06.6% | 06.6% | |
| (enter percentage values from 0.0 to 100.0) | Equity | 00.0% | | |
| | Total assets (Equity Debt Plus) | 00.0% | | |

that do not appear on this report?

| FRN | 9990117476 | |
|---------|----------------|--|
| Name | Heidi Stansell | |
| Address | PO Box | |
| | | |

| | Street 1 | 300 E. Crystal Lake Road | |
|---|---|--------------------------|--|
| | Street 2 | | |
| | City Twin Lake | | |
| | State ("NA" if non-U.S. address) | MI | |
| | Zip/Postal Code | 49457 | |
| | Country (if non-U.S. address) | United States | |
| Listing Type | Other Interest Holder | | |
| Positional Interests (check all that apply) | Member of Governing Board (or other governing entity) | | |
| Principal Profession or Occupation | Interim President, Blue Lake F | ine Arts Camp | |
| By Whom Appointed or Elected | Elected by Board | | |
| Citizenship, Gender, | Citizenship US | | |
| Ethnicity, and Race Information (Natural | Gender | Female | |
| Persons Only) | Ethnicity | Not Hispanic or Latino | |
| | Race | White | |
| Interest Percentages | Voting | 06.6% | |
| (enter percentage values from 0.0 to 100.0) | Equity | 00.0% | |
| | Total assets (Equity Debt Plus) | 00.0% | |

Ownership Information

that do not appear on this report?

| FRN | 9990117478 | | |
|---|---|------------------------|--|
| Name | Gretchen Stansell | | |
| Address | PO Box | | |
| | Street 1 | 9243 Silver River Loop | |
| | Street 2 | | |
| | City | Eagle Harbor | |
| | State ("NA" if non-U.S. MI address) | | |
| | Zip/Postal Code | 49550 | |
| | Country (if non-U.S. address) | United States | |
| Listing Type | Other Interest Holder | | |
| Positional Interests (check all that apply) | Member of Governing Board (or other governing entity) | | |

| Principal Profession or Occupation | Retired | | | |
|---|-------------------------------------|------------------------|------------------------|--|
| By Whom Appointed or Elected | Lifetime appointment by prior Board | | | |
| Citizenship, Gender, | | | | |
| Ethnicity, and Race Information (Natural Persons Only) | Gender | Female | | |
| | Ethnicity | Not Hispanic or Latino | Not Hispanic or Latino | |
| | Race | White | | |
| Interest Percentages | Voting | 06.6% | | |
| (enter percentage values from 0.0 to 100.0) | Equity | 00.0% | | |
| | Total assets (Equity Debt Plus) | 00.0% | | |
| Does interest holder have an attributable interest in one or more broadcast stations No | | | No | |

| Ownership Information | | | | |
|--|---|------------------------|--|--|
| FRN | 9990117479 | 9990117479 | | |
| Name | James Rose | James Rose | | |
| Address | PO Box | | | |
| | Street 1 | 8787 Ferry Street | | |
| | Street 2 | | | |
| | City | Montague | | |
| | State ("NA" if non-U.S. address) | МІ | | |
| | Zip/Postal Code | 49437 | | |
| | Country (if non-U.S. address) | United States | | |
| Listing Type | Other Interest Holder | | | |
| Positional Interests (check all that apply) | Member of Governing Board (or other governing entity) | | | |
| Principal Profession or Occupation | Attorney | | | |
| By Whom Appointed or Elected | Elected by Board | Elected by Board | | |
| Citizenship, Gender, | Citizenship | US | | |
| Ethnicity, and Race Information (Natural | Gender | Male | | |
| Persons Only) | Ethnicity | Not Hispanic or Latino | | |
| | Race | White | | |
| Interest Percentages | Voting | 06.6% | | |
| (enter percentage values from 0.0 to 100.0) | Equity | 00.0% | | |
| | | | | |

| | Total assets (Equity Debt Plus) | 00.0% | | |
|------------------------------|------------------------------------|-------------------------|----|--|
| Does interest holder have an | attributable interest in one or | more broadcast stations | No | |

| that do not appear on this report? |
|------------------------------------|
|------------------------------------|

| Ownership Information | | | | |
|--|---|----------------------------|----|--|
| FRN | 9990117481 | | | |
| Name | Chip Sawyer | Chip Sawyer | | |
| Address | PO Box | | | |
| | Street 1 | 4602 Bluff Road | | |
| | Street 2 | | | |
| | City | Whitehall | | |
| | State ("NA" if non-U.S. address) | MI | | |
| | Zip/Postal Code | 49461 | | |
| | Country (if non-U.S. address) | United States | | |
| Listing Type | Other Interest Holder | | | |
| Positional Interests (check all that apply) | Member of Governing Board (| or other governing entity) | | |
| Principal Profession or Occupation | Retired | | | |
| By Whom Appointed or Elected | Elected by Board | | | |
| Citizenship, Gender, | Citizenship US | | | |
| Ethnicity, and Race Information (Natural | Gender | Male | | |
| Persons Only) | Ethnicity | Not Hispanic or Latino | | |
| | Race | White | | |
| Interest Percentages | Voting | 06.6% | | |
| (enter percentage values from 0.0 to 100.0) | Equity | 00.0% | | |
| | Total assets (Equity Debt Plus) | 00.0% | | |
| Does interest holder have that do not appear on this | an attributable interest in one o report? | r more broadcast stations | No | |

| Ownership Information | | | |
|-----------------------|---------------|--------------------------|--|
| FRN | 9990137159 | | |
| Name | Steve Hancock | | |
| Address | PO Box | | |
| | Street 1 | 1775 W. County Line Road | |
| | Street 2 | | |
| | | | |

| | City | River Hills | | |
|--|---|---|----|--|
| | State ("NA" if non-U.S. address) | WI | | |
| | Zip/Postal Code | 43217 | | |
| | Country (if non-U.S. address) | United States | | |
| Listing Type | Other Interest Holder | | | |
| Positional Interests (check all that apply) | Member of Governing Board (| Member of Governing Board (or other governing entity) | | |
| Principal Profession or Occupation | Educator | | | |
| By Whom Appointed or Elected | Elected by Board | | | |
| Citizenship, Gender, | Citizenship | US | | |
| Ethnicity, and Race Information (Natural | Gender | Male | | |
| Persons Only) | Ethnicity | Not Hispanic or Latino | | |
| | Race | White | | |
| Interest Percentages | Voting | 06.6% | | |
| (enter percentage values from 0.0 to 100.0) | Equity | 00.0% | | |
| | Total assets (Equity Debt Plus) | 00.0% | | |
| Does interest holder have that do not appear on this | an attributable interest in one o report? | r more broadcast stations | No | |

| Ownership Information | | | |
|---|---|------------------------|--|
| FRN | 9990137160 | | |
| Name | Diane Yura Howlin, MD. | | |
| Address | PO Box | | |
| | Street 1 | 14287 Island Lake Road | |
| | Street 2 | | |
| | City Chelsea | | |
| | State ("NA" if non-U.S. address)MIZip/Postal Code48118 | | |
| | | | |
| | Country (if non-U.S. address) | United States | |
| Listing Type | Other Interest Holder | | |
| Positional Interests (check all that apply) | Member of Governing Board (or other governing entity) | | |
| Principal Profession or Occupation | Physician | | |

| By Whom Appointed or Elected | Elected by Board | | |
|---|------------------------------------|------------------------|--|
| 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 | 06.6% | |
| | Equity | 00.0% | |
| | Total assets (Equity Debt Plus) | 00.0% | |
| Does interest holder have an attributable interest in one or more broadcast stations No | | | |

| Ownership Information | | | |
|--|---|------------------------|--|
| FRN | 9990137161 | | |
| Name | Cindy Larsen | | |
| Address | PO Box | | |
| | Street 1 | 300 Monroe | |
| | Street 2 | | |
| | City | Muskegon | |
| | State ("NA" if non-U.S. address) | MI | |
| | Zip/Postal Code | 49441 | |
| | Country (if non-U.S. address) | United States | |
| Listing Type | Other Interest Holder | Other Interest Holder | |
| Positional Interests (check all that apply) | Member of Governing Board (or other governing entity) | | |
| Principal Profession or Occupation | Executive | | |
| By Whom Appointed or Elected | Elected by Board | | |
| Citizenship, Gender, | Citizenship US | | |
| Ethnicity, and Race Information (Natural | Gender | Female | |
| Persons Only) | Ethnicity | Not Hispanic or Latino | |
| | Race | White | |
| Interest Percentages | Voting | 06.6% | |
| (enter percentage values from 0.0 to 100.0) | Equity | 00.0% | |
| | Total assets (Equity Debt Plus) | 00.0% | |

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

No

| Ownership Information | | | |
|--|---|-------------------------|--|
| FRN | 9990137162 | | |
| Name | Aashish Mangrulkar | | |
| Address | PO Box | | |
| | Street 1 | 1714 Mountain Ash Drive | |
| | Street 2 | | |
| | City | West Bloomfield | |
| | State ("NA" if non-U.S. address) | МІ | |
| | Zip/Postal Code | 48324 | |
| | Country (if non-U.S. address) | United States | |
| Listing Type | Other Interest Holder | | |
| Positional Interests (check all that apply) | Member of Governing Board (or other governing entity) | | |
| Principal Profession or Occupation | Presales Leader | | |
| By Whom Appointed or Elected | Elected by Board | | |
| Citizenship, Gender, | Citizenship | СА | |
| Ethnicity, and Race Information (Natural | Gender | Male | |
| Persons Only) | Ethnicity | Not Hispanic or Latino | |
| | Race | Asian | |
| Interest Percentages (enter percentage values | Voting | 06.6% | |
| from 0.0 to 100.0) | Equity | 00.0% | |
| | Total assets (Equity Debt Plus) | 00.0% | |
| Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report? | | | |

| FRN | 9990144700 | |
|---------|------------|-----------------|
| Name | Dave Myers | |
| Address | PO Box | |
| | Street 1 | 4445 Davis Road |
| | Street 2 | |
| | City | Norton Shores |
| | | |

| | State ("NA" if non-U.S. address) | MI | | |
|--|-------------------------------------|--|----|--|
| | Zip/Postal Code | 49441 | | |
| | Country (if non-U.S. address) | United States | | |
| Listing Type | Other Interest Holder | | | |
| Positional Interests (check all that apply) | Member of Governing Board (| Member of Governing Board (or other governing entity) | | |
| Principal Profession or Occupation | Vice President, Broadcasting | Vice President, Broadcasting and Development, Blue Lake Fine Arts Camp | | |
| By Whom Appointed or Elected | Elected by Board | | | |
| Citizenship, Gender, | Citizenship | US | | |
| Ethnicity, and Race Information (Natural | Gender | Male | | |
| Persons Only) | Ethnicity | Not Hispanic or Latino | | |
| | Race | White | | |
| Interest Percentages | Voting | oting 06.6% | | |
| (enter percentage values from 0.0 to 100.0) | Equity | 00.0% | | |
| | Total assets (Equity Debt Plus) | 00.0% | | |
| Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report? | | | No | |

| FRN | 9990144701 | |
|--|---|----------------|
| Name | Cynthia Swan-Eagan | |
| Address | PO Box | |
| | Street 1 | 514 Oak Street |
| | Street 2 | |
| | City | Manistee |
| | State ("NA" if non-U.S. MI address) | |
| | Zip/Postal Code | 49660 |
| | Country (if non-U.S. address) | United States |
| Listing Type | Other Interest Holder | |
| Positional Interests (check all that apply) | Member of Governing Board (or other governing entity) | |
| Principal Profession or Occupation | Musician | |
| By Whom Appointed or Elected | Elected by Board | |

| | Citizenship | US | |
|--|--|--------------------------|-----|
| Ethnicity, and Race Information (Natural Persons Only) | Gender | Female | |
| | Ethnicity | Not Hispanic or Latino | |
| | Race | White | |
| Interest Percentages | Voting | 06.6% | |
| (enter percentage values from 0.0 to 100.0) | Equity | 00.0% | |
| | Total assets (Equity Debt Plus) | 00.0% | |
| Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report? | | | No |
| | | | |
| that do not appear on this (b) Respondent certifies th | report? at any interests, including equin nis filing are non-attributable. | ty, financial, or voting | Yes |
| that do not appear on this (b) Respondent certifies th interests, not reported in the If "No," submit as an exhibit a | report? at any interests, including equin nis filing are non-attributable. an explanation. an attribution exemption for an | | Yes |

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.

A vertical ownership structure exhibit is not required since the licensee does not have a parent 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: Interim President Exact Legal Title or Name of Respondent: Blue Lake Fine Arts Camp Name: Heidi Stansell Phone: 2318941966 10/29/2021 |