



(REFERENCE COPY - Not for submission)

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

File Number: **0000169337** | Submit Date: **2021-11-17** | FRN: **0028119915**

Purpose: **Commercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **11/17/2021**

Filing Status: **Active**

## Section I - General Information

### 1. Respondent

FRN	Entity Name
0028119915	Carl Parmer Living Trust

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
2801 Southwood Road	Mountain Brook	AL	35223	+1 (205) 322-2987	darryl.grondines@summitmediacorp.com

### 2. Contact Representative

Name	Organization
Francisco R. Montero, Esq.	Fletcher Heald & Hildreth, PLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 North 17th Street 11th Floor	Arlington	VA	22209	+1 (703) 812-0400	montero@fhhlaw.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.

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

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

Licensee/Permittee Name	FRN
SM-KQCH, LLC	0027762020

Fac. ID No.	Call Sign	City	State	Service
50314	KQCH	OMAHA	NE	FM

Licensee/Permittee Name	FRN
SM-WCYQ, LLC	0027762152

Fac. ID No.	Call Sign	City	State	Service
49923	WCYQ	OAK RIDGE	TN	FM

Licensee/Permittee Name	FRN
SM-WAGG, LLC	0022877096

Fac. ID No.	Call Sign	City	State	Service
48717	WAGG	BIRMINGHAM	AL	AM

Licensee/Permittee Name	FRN
SM-WKLR, LLC	0022877443

Fac. ID No.	Call Sign	City	State	Service
71330	WKLR	FORT LEE	VA	FM

Licensee/Permittee Name	FRN
SM-WNOX, LLC	0027762137

Fac. ID No.	Call Sign	City	State	Service
29741	WNOX	KARNS	TN	FM

Licensee/Permittee Name	FRN
SM-WVEZ, LLC	0022877393

Fac. ID No.	Call Sign	City	State	Service
53595	WVEZ	ST. MATTHEWS	KY	FM

Licensee/Permittee Name	FRN
SM-KINE, LLC	0022877377

Fac. ID No.	Call Sign	City	State	Service
34553	KINE-FM	HONOLULU	HI	FM

Licensee/Permittee Name	FRN
-------------------------	-----

SM-WRKA, LLC	0022877385
--------------	------------

Fac. ID No.	Call Sign	City	State	Service
48290	WRKA	LOUISVILLE	KY	FM

Licensee/Permittee Name	FRN
SM-KICT, LLC	0027761774

Fac. ID No.	Call Sign	City	State	Service
63548	KICT-FM	WICHITA	KS	FM

Licensee/Permittee Name	FRN
SM-KPHW, LLC	0022877351

Fac. ID No.	Call Sign	City	State	Service
27424	KPHW	KANEOHE	HI	FM

Licensee/Permittee Name	FRN
SM-KRTR-FM, LLC	0022877336

Fac. ID No.	Call Sign	City	State	Service
50118	KRTR-FM	KAILUA	HI	FM

Licensee/Permittee Name	FRN
SM-KSRZ-FM, LLC	0027762012

Fac. ID No.	Call Sign	City	State	Service
50308	KSRZ	OMAHA	NE	FM

Licensee/Permittee Name	FRN
SM-KFTI, LLC	0027761808

Fac. ID No.	Call Sign	City	State	Service
72356	KFTI	WICHITA	KS	AM

Licensee/Permittee Name	FRN
SM-KRTR-AM, LLC	0022877294

Fac. ID No.	Call Sign	City	State	Service
13880	KPRP	HONOLULU	HI	AM

Licensee/Permittee Name	FRN
SM-WHZT, LLC	0022877286

Fac. ID No.	Call Sign	City	State	Service
-------------	-----------	------	-------	---------

5971	WHZT	WILLIAMSTON	SC	FM
------	------	-------------	----	----

Licensee/Permittee Name	FRN
SM-KKNE, LLC	0022877310

Fac. ID No.	Call Sign	City	State	Service
14937	KKNE	WAIPAHU	HI	AM

Licensee/Permittee Name	FRN
SM-WZZK, LLC	0022877203

Fac. ID No.	Call Sign	City	State	Service
48724	WZZK-FM	BIRMINGHAM	AL	FM

Licensee/Permittee Name	FRN
SM-KTTS, LLC	0027761857

Fac. ID No.	Call Sign	City	State	Service
62023	KTTS-FM	SPRINGFIELD	MO	FM

Licensee/Permittee Name	FRN
SM-KEZO-FM, LLC	0027762087

Fac. ID No.	Call Sign	City	State	Service
74105	KEZO-FM	OMAHA	NE	FM

Licensee/Permittee Name	FRN
SM-WKHK, LLC	0022877450

Fac. ID No.	Call Sign	City	State	Service
319	WKHK	COLONIAL HEIGHTS	VA	FM

Licensee/Permittee Name	FRN
SM-WBHK, LLC	0022877237

Fac. ID No.	Call Sign	City	State	Service
65227	WBHK	WARRIOR	AL	FM

Licensee/Permittee Name	FRN
SM-KRVI, LLC	0027761923

Fac. ID No.	Call Sign	City	State	Service
55165	KRVI	MOUNT VERNON	MO	FM

Licensee/Permittee Name	FRN

SM-WSFR, LLC	0022877401
--------------	------------

Fac. ID No.	Call Sign	City	State	Service
55499	WSFR	CORYDON	IN	FM

Licensee/Permittee Name	FRN
SM-WQNU, LLC	0022877419

Fac. ID No.	Call Sign	City	State	Service
20332	WQNU	LYNDON	KY	FM

Licensee/Permittee Name	FRN
SM-KSGF-AM, LLC	0027761907

Fac. ID No.	Call Sign	City	State	Service
62024	KSGF	SPRINGFIELD	MO	AM

Licensee/Permittee Name	FRN
SM-KYQQ, LLC	0027761766

Fac. ID No.	Call Sign	City	State	Service
37121	KYQQ	ARKANSAS CITY	KS	FM

Licensee/Permittee Name	FRN
SM-KFDI, LLC	0027761824

Fac. ID No.	Call Sign	City	State	Service
72357	KFDI-FM	WICHITA	KS	FM

Licensee/Permittee Name	FRN
SM-KSGF-FM, LLC	0027761881

Fac. ID No.	Call Sign	City	State	Service
2924	KSGF-FM	ASH GROVE	MO	FM

Licensee/Permittee Name	FRN
SM-KCCN, LLC	0022877369

Fac. ID No.	Call Sign	City	State	Service
34552	KCCN-FM	HONOLULU	HI	FM

Licensee/Permittee Name	FRN
SM-WKHT, LLC	0027762145

Fac. ID No.	Call Sign	City	State	Service
-------------	-----------	------	-------	---------

40854	WKHT	KNOXVILLE	TN	FM
-------	------	-----------	----	----

Licensee/Permittee Name	FRN
SM-WZNN, LLC	0022877195

Fac. ID No.	Call Sign	City	State	Service
71417	WPYA	GARDENDALE	AL	FM
156366	W297BF	BIRMINGHAM	AL	FX

Licensee/Permittee Name	FRN
SM-WHTI, LLC	0022877435

Fac. ID No.	Call Sign	City	State	Service
27439	WJSR	LAKESIDE	VA	FM

Licensee/Permittee Name	FRN
SM-KKCD, LLC	0027762079

Fac. ID No.	Call Sign	City	State	Service
74103	KKCD	OMAHA	NE	FM

Licensee/Permittee Name	FRN
SM-WJMZ, LLC	0022877278

Fac. ID No.	Call Sign	City	State	Service
1303	WJMZ-FM	ANDERSON	SC	FM

Licensee/Permittee Name	FRN
SM-KSPW, LLC	0027761873

Fac. ID No.	Call Sign	City	State	Service
10119	KSPW	SPARTA	MO	FM

Licensee/Permittee Name	FRN
SM-WWST, LLC	0027762103

Fac. ID No.	Call Sign	City	State	Service
29727	WWST	SEVIERVILLE	TN	FM

Licensee/Permittee Name	FRN
SM-KXSP, LLC	0027761956

Fac. ID No.	Call Sign	City	State	Service
50313	KXSP	OMAHA	NE	AM

Licensee/Permittee Name	FRN
SM-WBHJ, LLC	0022877211

Fac. ID No.	Call Sign	City	State	Service
730	WBHJ	MIDFIELD	AL	FM
150836	W222BK	BIRMINGHAM	AL	FX

Licensee/Permittee Name	FRN
SM-WBPT, LLC	0022877245

Fac. ID No.	Call Sign	City	State	Service
5355	WBPT	HOMEWOOD	AL	FM

Licensee/Permittee Name	FRN
SM-WURV, LLC	0022877468

Fac. ID No.	Call Sign	City	State	Service
37230	WURV	RICHMOND	VA	FM

Licensee/Permittee Name	FRN
SM-WENN, LLC	0022877252

Fac. ID No.	Call Sign	City	State	Service
6411	WENN	BIRMINGHAM	AL	AM

Licensee/Permittee Name	FRN
SM-KFXJ, LLC	0027761782

Fac. ID No.	Call Sign	City	State	Service
37133	KFXJ	AUGUSTA	KS	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			
<b>FRN</b>	0028119915		
<b>Entity Name</b>	Carl Parmer Living Trust		
<b>Address</b>	<b>PO Box</b>		
	<b>Street 1</b>	2801 Southwood Road	
	<b>Street 2</b>		
	<b>City</b>	Mountain Brook	
	<b>State ("NA" if non-U.S. address)</b>	AL	
	<b>Zip/Postal Code</b>	35223	
	<b>Country (if non-U.S. address)</b>	United States	
<b>Listing Type</b>	Respondent		
<b>Positional Interests</b> (check all that apply)	Respondent		
<b>Tribal Nation or Tribal Entity</b>	Interest holder is not a Tribal nation or Tribal entity		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%	<b>Jointly Held?</b> No
	<b>Equity</b>	0.0%	
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			No

Ownership Information			
<b>FRN</b>	0019404011		
<b>Name</b>	H. Carl Parmer		
<b>Address</b>	<b>PO Box</b>		
	<b>Street 1</b>	2700 Corporate Drive	
	<b>Street 2</b>	Suite 115	
	<b>City</b>	Birmingham	



	<b>State ("NA" if non-U.S. address)</b>	AL	
	<b>Zip/Postal Code</b>	35242	
	<b>Country (if non-U.S. address)</b>	United States	
<b>Listing Type</b>	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Other - Trustee		
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US	
	<b>Gender</b>	Male	
	<b>Ethnicity</b>	Not Hispanic or Latino	
	<b>Race</b>	White	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	100.0%	<b>Jointly Held?</b> No
	<b>Equity</b>	0.0%	
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			No

<b>(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.</b> If "No," submit as an exhibit an explanation.	Yes
--	-----

<p><b>(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?</b></p> <p>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.</p> <p>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 <a href="#">Click Here</a>.</p> <p>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.</p>	No
---	----

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 or related to each other as parentchild or as siblings?**

No

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)?**

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.

**Certification**

Section	Question	Response
<b>Authorized Party to Sign</b>	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 LICENSE --OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	
<b>Certification</b>	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>Trustee</b> Exact Legal Title or Name of Respondent: <b>Carl Parmer Living Trust</b> Name: <b>Carl Parmer</b> Phone: <b>2053222987</b>  11/17/2021