

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number:0000167513Submit Date:2021-11-09FRN:0005035357Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:11/09/2021Filing Status:Active

Section I - General Information

1. Respondent

| FRN | Entity Name |
|---------------------|---|
| 0005035357 | Zia Broadcasting Company |
| | |
| Street City (and Ca | untru if non LLS State /"NA" if non LLS 7in |

| Street Address | City (and Country if non U.S. address) | State ("NA" if non-U.S. address) | Zip Code | Phone | Email |
|-------------------|---|-------------------------------------|-------------|-----------------------|---------------------------|
| 710 C R K | Clovis | NM | 88101 | +1 (575) 763- 4401 | kclvgm@plateautel. net |

2. Contact Representative

| Name | Organization | | |
|----------------|-------------------------------|--|--|
| Rick L. Keefer | Zia Broadcasting Company, LLC | | |

| Street Address | City (and Country if non U.S. address) St | | Zip Code | Phone Email | |
|----------------|---|----|-------------|-------------------|-----------------------|
| 710 C R K | Clovis | NM | 88101 | +1 (575) 763-4401 | kclvgm@plateautel.net |

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 | 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. |

| Licensee/Permittee Name | | | FRN | |
|--------------------------|-----------|--------|------------|---------|
| Zia Broadcasting Company | | | 0005035357 | |
| | | | - | |
| Fac. ID No. | Call Sign | City | State | Service |
| 14748 | КШКА | CLOVIS | NM | AM |
| 14749 | KTQM-FM | CLOVIS | NM | FM |
| 74563 | KCLV-FM | CLOVIS | NM | FM |
| 74565 | KCLV | CLOVIS | NM | АМ |

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 | 0005035357 | |
| Entity Name | Zia Broadcasting Company | |
| Address | PO Box | |
| | Street 1 | 710 C R K |
| | Street 2 | |
| | City | Clovis |
| | State ("NA" if non-U.S. address) | NM |
| | Zip/Postal Code | 88101 |
| | | |

Ownership Information

| | Country (if non-U.S. address) | United States | |
|--|------------------------------------|----------------------------|---------------------|
| Listing Type | 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 o | or more broadcast stations | Yes |

that do not appear on this report?

| Ownership Information | | | |
|--|--|---------------------------|---------------------|
| FRN | 9990143340 | | |
| Name | Barbara Allsup, Mrs. | | |
| Address | PO Box | | |
| | Street 1 | 710 C R K | |
| | Street 2 | | |
| | City | Clovis | |
| | State ("NA" if non-U.S. address) | NM | |
| | Zip/Postal Code | 88101 | |
| | Country (if non-U.S. address) | United States | |
| Listing Type | Other Interest Holder | | |
| Positional Interests (check all that apply) | Owner | | |
| 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 | 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 a that do not appear on this | an attributable interest in one o report? | r more broadcast stations | Yes |

| (c) Does the Respondent or any reported interest holder hold an attributable interest in any newspaper entities in | No |
|---|----|
| the same market as any station for which this report is | |
| filed, as defined in 47 C.F.R. Section 73.3555? | |
| | |
| 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. | |
| (including templates to start with), please oner 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 ECC Registration Number | |
| 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 " \underline{Yes} ," provide the following information for each such the relationship.

| (e) Is Respondent seeking an attribution duties wholly unrelated to the Licensee(s | exemption for any officer or director with ;)? | No |
|--|---|----|
| | uired fields and submit an Exhibit fully describing | |
| attributed an interest. | and explaining why that individual should not be | |

Section

Question

| 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: General Manager Exact Legal Title or Name of Respondent: General Manager Name: Rick L. Keefer , Mr. Phone: 5757634401 11/09/2021 |