

(REFERENCE COPY - Not for submission)

FRN

0012164059

Not Applicable

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number:0000168584Submit Date:2021-11-15FRN:0012164059Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:11/15/2021Filing Status:Active

Section I - General Information

Birch Broadcasting Corporation

1. Respondent

Entity Name

Street	City (and Country if non U.	State ("NA" if non-U.S.	Zip		
Address	S. address)	address)	Code	Phone	Email
	-	-			
7120	Raleigh	NC	27613-	+1 (919)	tombirch@lakesmediallc.
Trenton			7462	341-1804	com
Ridge Ct.					

2. Contact Representative

Name	Organization	
Dawn M. Sciarrino	Sciarrino & Schubert, PLLC	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
330 Franklin Road Suite 135A- 133	Brentwood	TN	37027- 3280	+1 (202) 256- 9551	dawn@sciarrinolaw. com

3. Application Filing Fee

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	For-profit corporation			

(b) Provide the following information about this report:

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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
Lakes Media, LLC	0012656294

Fac. ID No.	Call Sign	City	State	Service
11723	WLUS-FM	CLARKSVILLE	VA	FM
15501	WMPW	DANVILLE	VA	AM
31178	WHLF	SOUTH BOSTON	VA	FM
50234	WKSK-FM	SOUTH HILL	VA	FM
50235	WSHV	SOUTH HILL	VA	AM
67269	WWDN	DANVILLE	VA	AM

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 1.47 C.F.R. 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 Section 73.3613 report. In addition, attributable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be and Other disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an Documents 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. (a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by 2. Ownership generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent Interests 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 0012164059 **Birch Broadcasting Corporation Entity Name** Address **PO Box** 7120 Trenton Ridge Ct. Street 1 Street 2

	City	Raleigh		
	State ("NA" if non-U.S. address)	NC		
	Zip/Postal Code	27613-7462		
	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	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 that do not appear on this	an attributable interest in one c	or more broadcast stations	No	

Ownership Information

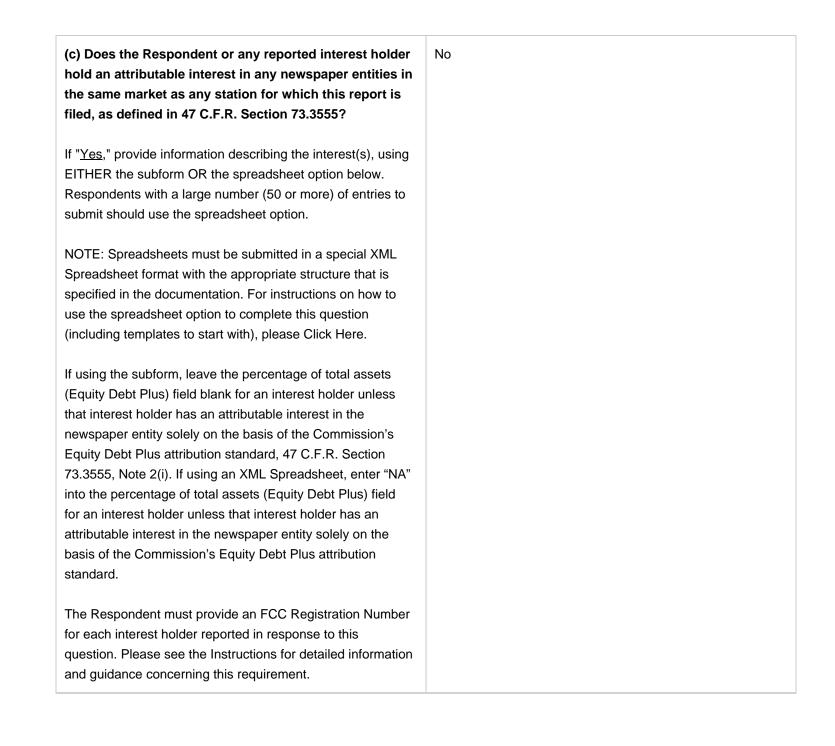
FRN	0019975994				
Name	Thomas C. Birch	Thomas C. Birch			
Address	PO Box				
	Street 1	7120 Trenton Ridge Court			
	Street 2				
	City	Raliegh			
	State ("NA" if non-U.S. address)	NC			
	Zip/Postal Code	27613-7462			
	Country (if non-U.S. address)	United States			
Listing Type	Other Interest Holder				
Positional Interests (check all that apply)	Officer, Director, Stockholder				
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	51.0%	Jointly Held? No		
from 0.0 to 100.0)	Equity	51.0%			

Total assets (Equity Debt Plus)	51.0%	
Does interest holder have an attributable interest in one	or more broadcast stations	No

that do not appear on this report?

0019976000			
Aurora D. Birch			
PO Box			
Street 1	7120 TRENTON RIDGE COU	JRT	
Street 2			
City	Raleigh		
State ("NA" if non-U.S. address)	NC		
Zip/Postal Code	27613		
Country (if non-U.S. address)	United States		
Other Interest Holder			
Officer			
Citizenship	US		
Gender	Female		
Ethnicity	Hispanic or Latino		
Race	White		
Voting	49.0%	Jointly Held? No	
Equity	49.0%		
Total assets (Equity Debt49.0%Plus)			
an attributable interest in one or report?	r more broadcast stations	No	
	Aurora D. Birch PO Box Street 1 Street 2 City State ("NA" if non-U.S. address) Zip/Postal Code Country (if non-U.S. address) Other Interest Holder Officer Gender Ethnicity Race Voting Equity Total assets (Equity Debt Plus) attributable interest in one or	Aurora D. Birch PO Box 7120 TRENTON RIDGE COU Street 1 7120 TRENTON RIDGE COU Street 2 7120 TRENTON RIDGE COU City Raleigh State ("NA" if non-U.S. address) NC Zip/Postal Code 27613 Country (if non-U.S. address) United States Other Interest Holder Vinited States Officer Gender Female Female Race White Voting 49.0% Total assets (Equity Debt Plus) 49.0%	

If "No," submit as an exhibit an explanation.



(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	0019975994	Name	Thomas C Birch			
FRN	0019976000	Name	Aurora D Birch			
Relationship	Spouses					

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
If " <u>Yes</u> ," 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: President Exact Legal Title or Name of Respondent: Birch Broadcasting Corporation Name: Thomas C. Birch Phone: 9193411804 11/15/2021