

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

File Number:0000171631Submit Date:2021-11-26FRN:0003753043Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:11/26/2021Filing Status:Active

# **Section I - General Information**

## 1. Respondent

FRN	Entity Name
0009008913	NJL Company, Inc

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
629 Downard Road	Zanesville	ОН	43701	+1 (740) 452- 5431	hlittick@whizmediagroup. com

# 2. Contact Representative

Name	Organization	
Richard Carr, Esq.	J. Richard Carr Consulting, Inc	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
5528 Trent Street	Chevy Chase	MD	20815	+1 (301) 656-7053	jrichardcarr@gmail.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	For-profit corporation		

### (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		
Southeastern Ohio Television System			0003753043	0003753043	
Fac. ID No.	Fac. ID No. Call Sign City		State	Service	
61216	WHIZ-TV	ZANESVILLE	ОН	DTV	

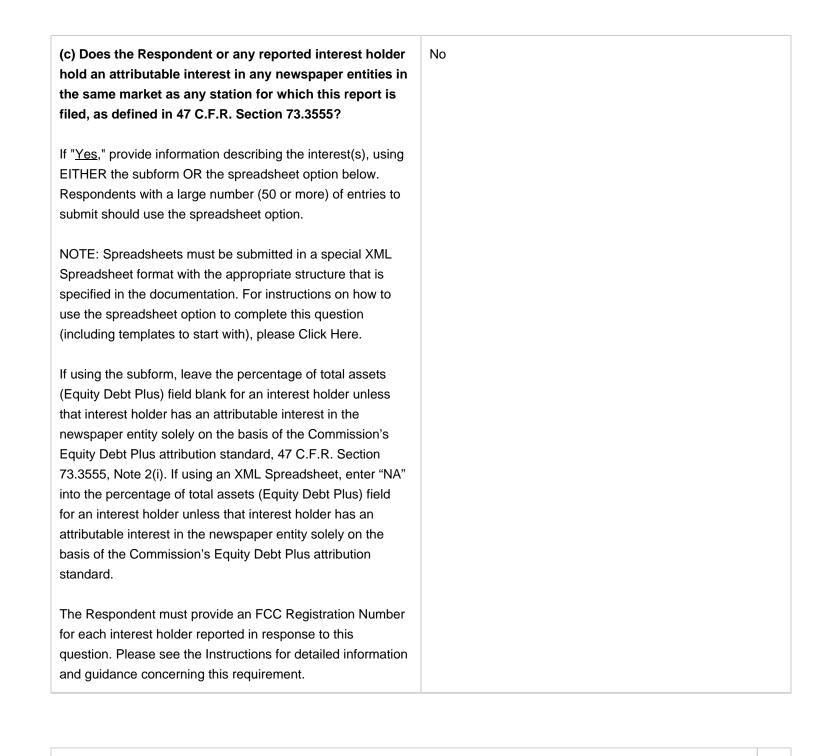
# Section II – Biennial Ownership Information

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.					
2. Ownership Interests	o enter detailed information about ownership interests by a subform. The first subform listing should be for the Respondent f the officers, directors, stockholders, non-insulated partners, a direct attributable interest in the Respondent pursuant to the erest is one that is not held through any intervening companies perest in the Respondent separately.					
		,	ank for an interest holder unless that interest holder has an e Commission's Equity Debt Plus attribution standard, 47 C.F.R.			
		t ownership structures, list only t see(s) for which the report is bei	those interests in the Respondent that also represent an ing submitted.			
	Entities that are part of an organizational structure that includes holding companies or other forms of indirec separate ownership reports. In such a structure do not report, or file a separate report for, any interest holde 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 t The Respondent must provide an FCC Registration Number for each interest holder reported in resp Please see the Instructions for detailed information and guidance concerning this requirement.					
	Ownership Information					
	FRN	0009008913				
	Entity Name	NJL Company, Inc				
	Address	PO Box				
		Street 1	629 Downard Road			
		Street 2				
		City	Zanesville			
		State ("NA" if non-U.S. address)	ОН			
		Zip/Postal Code	43701			
		Country (if non-U.S. address)	United States			
	Listing Type	Respondent				

Positional Interests (check all that apply)	Respondent   Interest holder is not a Tribal nation or Tribal entity			
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 or more broadcast stations that do not appear on this report?			No	

#### **Ownership Information** FRN 0019798016 Name Henry C. Littick Address **PO Box** 905 Fairmont Avenue Street 1 Street 2 City Zanesville State ("NA" if non-U.S. OH address) **Zip/Postal Code** 43701 Country (if non-U.S. **United States** address) Listing Type Other Interest Holder **Positional Interests** Officer, Other - Trustee of Henry C. Littick, II Revocable Trust (check all that apply) US Citizenship, Gender, Citizenship Ethnicity, and Race Gender Male Information (Natural Persons Only) Not Hispanic or Latino Ethnicity White Race **Interest Percentages** Voting 100.0% **Jointly Held?** (enter percentage values No from 0.0 to 100.0) Equity 100.0% **Total assets (Equity Debt** 100.0% Plus) Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?

(b) Respondent certifies that any interests, including equity, financial, or votingYesinterests, not reported in this filing are non-attributable.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 No or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

(e) Is Respondent seeking an attribution exemption for any officer or director withNoduties wholly unrelated to the Licensee(s)?

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

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: <b>President</b> Exact Legal Title or Name of Respondent: <b>NJL</b> <b>Company, Inc.</b> Name: <b>Henry C. Littick</b> Phone: <b>7404525431</b> 11/26/2021