

(REFERENCE COPY - Not for submission)

FRN

Not Applicable

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000169384Submit Date: 2021-11-17FRN: 0027218908Purpose: Commercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 11/17/2021Filing Status: ActiveStatus: ActiveStatus Date: 11/17/2021

Section I - General Information

1. Respondent

Entity Name

· · · · · · · · · · · · · · · · · · ·		
0027218908	Jay W Bunyard and Teresa Sharon Bunyard Revocable Family Trust	

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
111 Westwood Drive	De Queen	AR	71832	+1 (870) 642- 3104	jaybunyard@hotmail. com

2. Contact Representative

Name	Organization
Jay Bunyard	Jay W. Bunyard and Teresa Sharon Bunyard Revocable Family Trust

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
111 Westwood Drive	De Queen	AR	71832	+1 (870) 642- 3104	jaybunyard@hotmail. 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	Other Family 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	
Carroll County Broadcasting, Inc.	0014994974	

Fac. ID No.	Call Sign	City	State	Service
35667	KTHS-FM	BERRYVILLE	AR	FM
35668	KTHS	GREEN FOREST	AR	AM
48520	KESA	EUREKA SPRINGS	AR	FM
69859	K245BJ	BERRYVILLE	AR	FX
201165	K272FX	EUREKA SPRINGS	AR	FX

Licensee/Permittee Name	FRN
Bunyard Broadcasting, Inc.	0003770617

Fac. ID No.	Call Sign	City	State	Service
30599	KDQN-FM	DE QUEEN	AR	FM
30600	KDQN	DE QUEEN	AR	AM
50772	KILX	DE QUEEN	AR	FM
201111	K283CT	DEQUEEN	AR	FX

Licensee/Permittee Name	FRN
ARKLATEX Radio, Inc.	0005003611

Fac. ID No.	Call Sign	City	State	Service
52175	КМТВ	MURFREESBORO	AR	FM
54822	KNAS	NASHVILLE	AR	FM

Licensee/Permittee Name	FRN
Radio Works, Inc.	0011942935

Fac. ID No.	Call Sign	City	State	Service
8469	KAMD-FM	CAMDEN	AR	FM
23279	КСХҮ	EAST CAMDEN	AR	FM
29780	KMGC	CAMDEN	AR	FM
191500	KBEU	BEARDEN	AR	FM

Licensee/Permittee Name	FRN
Ouachita Broadcasting, Inc.	0006157432

Fac. ID No.	Call Sign	City	State	Service
50773	KENA	MENA	AR	АМ

84055	KENA-FM	HATFIELD	AR	FM
85585	KQOR	MENA	AR	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.			
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.			
			nk for an interest holder unless that interest holder has an Commission's Equity Debt Plus attribution standard, 47 C.F.R.	
	In the case of vertical or indirect attributable interest in the Licens		hose interests in the Respondent that also represent an ng submitted.	
		such a structure do not report, or	holding companies or other forms of indirect ownership must file file a separate report for, any interest holder that does not have being submitted.	
			s that must be reported in response to this question.	
	The Respondent must provide a Please see the Instructions for c	-	each interest holder reported in response to this question. e concerning this requirement.	
	Ownership Information			
	FRN	0027218908		
	Entity Name	Jay W Bunyard and Teresa Sh	naron Bunyard Revocable Family Trust	
	Address	PO Box		
		Street 1	111 Westwood Drive	
		Street 2		
		City	De Queen	
	State ("NA" if non-U.S.ARaddress)			
		Zip/Postal Code	71832	
		Country (if non-U.S. address)	United States	
	Listing Type	Respondent		
	Positional Interests Respondent (check all that apply) Image: second se			

Interest holder is not a Tribal nation or Tribal entity

Tribal Nation or Tribal

Entity

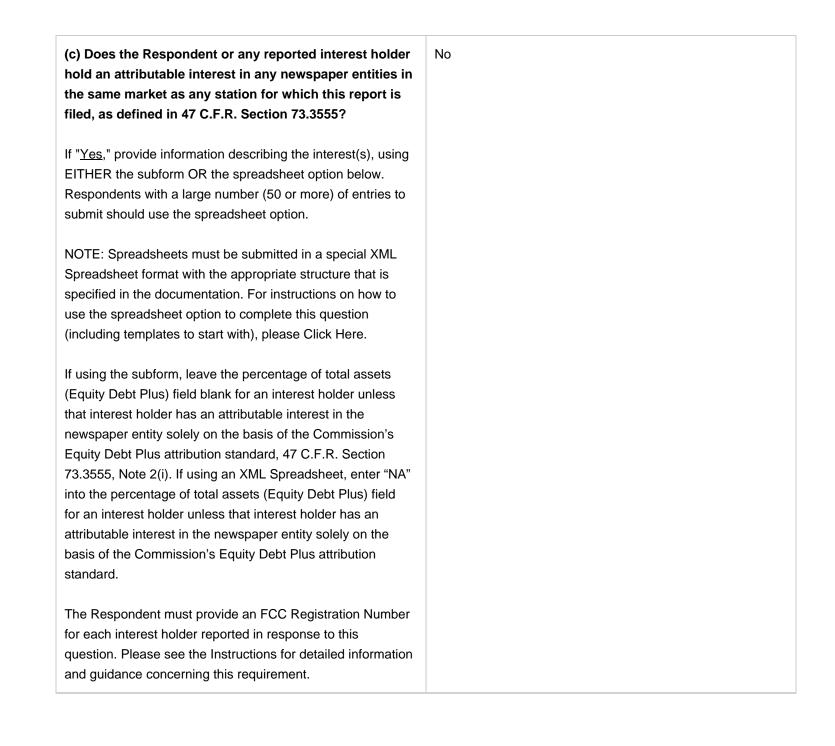
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0% Jointly Held? No		
	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a that do not appear on this r	n attributable interest in one of eport?	r more broadcast stations	No	

Ownershi	o Infoi	mation
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FRN	0008294043		
Name	Jay W. Bunyard		
Address PO Box			
	Street 1	111 Westwood Drive	
	Street 2		
	City	De Queen	
	State ("NA" if non-U.S. address)	AR	
	Zip/Postal Code	71832	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Other - Trustee, 50.0% Vote		
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	50.0%	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 o report?	or more broadcast stations	No

Ownership Information		
FRN	0014546550	
Name	Teresa S. Bunyard	
Address	PO Box	
	Street 1	111 Westwood Drive
	Street 2	

	City	De Queen		
	State ("NA" if non-U.S. address)	AR		
	Zip/Postal Code	71832		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Director, Other - Trus	ctor, Other - Trustee, 50.0% Vote		
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	50.0%	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 report?	r more broadcast stations	No	
., .	hat any interests, including equi his filing are non-attributable. an explanation.	ty, financial, or voting	Yes	



(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	0008294043	Name	Jay W Bunyard	
FRN	0014546550	Name	Teresa S Bunyard	
Relationship	Spouses			

(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

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: Owner/Manager Exact Legal Title or Name of Respondent: Jay W. Bunyard and Teresa Sharon Bunyard Revocable Family Trust Name: Jay Bunyard Phone: 8706423104 11/17/2021