

FRN

Not Applicable

Amendment to a Commercial Broadcast Stations Biennial Ownership Report

File Number: 0000172380 Submit Date: 2021-11-29 FRN: 0013444260

Purpose: Commercial Broadcast Stations Biennial Ownership Report Amendment Status: Received Status Date: 11/29/2021 Filing Status: Active

Section I - General Information

1. Respondent

Entity Name

0013444260 North Cascades		Broadcasting, Inc.				
Street Address	City (and Cour address)	ntry if non U.S.	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 151	Omak		WA	98841	+1 (509) 826- 0100	becki@komw. net

2. Contact Representative

Name	Organization
Rebecca Andrist	North Cascades Broadcasting, Inc.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 151 320 Emery Street	Omak	WA	98841	+1 (509) 826-0100	becki@komw.net

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:

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.
Reason for Amendment	We noticed after submitting that the required fee was not show in item 3. Please cancel this report. A corrected form will be submitted.

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

Licensee/Permittee Name	FRN
North Cascades Broadcasting, Inc.	0013444260

Fac. ID No.	Call Sign	City	State	Service
6759	K257DN	BREWSTER	WA	FX
31661	KZBE	OMAK	WA	FM
49163	KOMW	OMAK	WA	AM
49164	KNCW	OMAK	WA	FM
50163	K269AH	OROVILLE & TONASKET	WA	FX
78058	DK270AE	REPUBLIC	WA	FX
79201	K236AE	TWISP	WA	FX
84431	K236AH	SYNAREP	WA	FX
87714	K296ET	BRIDGEPORT	WA	FX
200609	K278CS	REPUBLIC	WA	FX

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 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** 0013444260 FRN

Entity Name	North Cascades Broadcasting, Inc.		
Address	PO Box	151	
	Street 1		
	Street 2		
	City	Omak	
	State ("NA" if non-U.S. address)	WA	
	Zip/Postal Code	98841	
	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	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?	or more broadcast stations	No

Ownership Information				
FRN	9990120322	9990120322		
Name	John P. Andrist			
Address	PO Box	273		
	Street 1	210 Riverside Cutoff Rd		
	Street 2			
	City	Omak		
	State ("NA" if non-U.S. address)	WA		
	Zip/Postal Code	98841		
	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 from 0.0 to 100.0)	Voting	90.0% Jointly Held? Yes		
	Equity	90.0%		
	Total assets (Equity Debt Plus)	90.0%		
Does interest holder have a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No	

Ownership Information				
FRN	9990052137			
Name	Kenneth G. Millner			
Address	PO Box			
	Street 1	6026 88th Street E		
	Street 2			
	City	Mukilteo		
	State ("NA" if non-U.S. address)	WA		
	Zip/Postal Code	98275		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Stockholder	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	10.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	10.0%		
	Total assets (Equity Debt Plus)	10.0%		
Does interest holder have a that do not appear on this r	an attributable interest in one o report?	r more broadcast stations	No	

(b) Respondent certifies that any interests, including equity, financial, or voting	Yes
interests, 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 with No duties 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.

Certif	ication

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: President Exact Legal Title or Name of Respondent: John Andrist Name: John Andrist Phone: 5098260300 11/29/2021