



(REFERENCE COPY - Not for submission)

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

File Number: **0000204866** | Submit Date: **2022-12-06** | FRN: **0026168302**  
Purpose: **Commercial Broadcast Stations Non-Biennial Ownership Report** | Status: **Received** | Status Date:  
**12/06/2022** | Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0026168302		Rob Ingstad Licenses, LLC			

  

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
529 5th Ave	Fairbanks	AK	99701	+1 (701) 890-0085	reagan@newsdakota.com

2. Contact Representative

Name		Organization			
Dawn Sciarrino		Sciarrino & Shubert, 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

Not Applicable

4. Nature of Respondent

(a) Provide the following information about the Respondent:	
Relationship to stations/permits	Licensee
Nature of Respondent	Limited liability company

  

(b) Provide the following information about this report:	
Purpose	Transfer of control or assignment of license/permit
"As of" date	11/11/2022  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)

/Permittees(s)  
and Station(s)  
/Permit(s)

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

Licensee/Permittee Name	FRN
Rob Ingstad Licenses, LLC	0026168302

Fac. ID No.	Call Sign	City	State	Service
6438	KFAR	FAIRBANKS	AK	AM
49622	KXLR	FAIRBANKS	AK	FM
69405	KTDZ	COLLEGE	AK	FM
77906	KYSC	FAIRBANKS	AK	FM
202142	K248DK	FAIRBANKS	AK	FX

Section II – Non-Biennial Ownership Information

1. 47 C.F.R.  
Section 73.3613  
and Other  
Documents

Licensee/Permittee Respondents 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/Permittee Respondents should select “Not Applicable” in response to this question.

Document Information	
Description of contract or instrument	Articles of Organization
Parties to contract or instrument	Rob Ingstad Licenses, LLC and The State of Alaska
Date of execution	12/2016
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Articles of Organization

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) or Permittee(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) or Permittee(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	0026168302

Entity Name	Rob Ingstad Licenses, LLC		
Address	PO Box		
	Street 1	529 5th Ave	
	Street 2		
	City	Fairbanks	
	State ("NA" if non-U.S. address)	AK	
	Zip/Postal Code	99701	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
Positional Interests (check all that apply)	Respondent		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	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	0028455921		
Name	Perry Walley		
Address	PO Box		
	Street 1	529 5th Avenue	
	Street 2		
	City	Fairbanks	
	State ("NA" if non-U.S. address)	AK	
	Zip/Postal Code	99701	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Total assets (Equity Debt Plus)	10.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			Yes

FRN	0028650851		
Entity Name	Robert J. Ingstad Revocable Trust, Stacy L. Ingstad, Personal Representative of the Robert J. Ingstad Estate, Trustee		
Address	PO Box		
	Street 1	529 5th Avenue	
	Street 2	Suite 200	
	City	Fairbanks	
	State ("NA" if non-U.S. address)	AK	
	Zip/Postal Code	99701	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other - Trustee		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	100.0%	Jointly Held? No
	Total assets (Equity Debt Plus)	90.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			Yes

(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.	Yes
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(c) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other or related to each other as parentchild or as siblings?  If " <u>Yes</u> ," provide the following information for each such the relationship.	No
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(d) Is Respondent seeking an attribution exemption for any officer or director with 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.	No
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Certification

Section	Question	Response
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<b>Authorized Party to Sign</b>	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 LICENSE --OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	
<b>Certification</b>	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>Personal Representative</b> Exact Legal Title or Name of Respondent: <b>The Robert J. Ingstad Estate</b> Name: <b>Stacy L. Ingstad</b> Phone: <b>7018900085</b>  12/06/2022