

(REFERENCE COPY - Not for submission)

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

File Number: 0000217021 | Submit Date: 2023-06-22 | FRN: 0012251831

Purpose: Commercial Broadcast Stations Non-Biennial Ownership Report Status: Received Status Date:

06/22/2023 Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0033853342	Gregory R Shinn Irrevocable Trust

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
125 Corporate Terrace	Hot Springs	AR	71913	+1 (000) 000- 0000	gterrell@usstations. com

2. Contact Representative

Name	Organization
John Neely, Esq.	FCC Counsel

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
4 Simms Court	Kensington	MD	20895	+1 (301) 933- 6304	JOHNSNEELY@YAHOO. 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	Other trust

(b) Provide the following information about this report:	
Purpose	Transfer of control or assignment of license/permit
"As of" date	05/25/2023
	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
US Stations, LLC	0012251831

Fac. ID No.	Call Sign	City	State	Service
16570	KZNG	HOT SPRINGS	AR	AM
16572	KQUS-FM	HOT SPRINGS	AR	FM
33874	KLXQ	HOT SPRINGS	AR	FM
39368	KLBL	MALVERN	AR	FM
48947	KLAZ	HOT SPRINGS	AR	FM

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.

Not Applicable.

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 Informatio	n			
FRN	0033853342	0033853342		
Entity Name	Gregory R Shinn Irrevocable	e Trust		
Address	РО Вох			
	Street 1	125 Corporate Terrace		
	Street 2			
	City	Hot Springs		
	State ("NA" if non-U.S. address)	AR		

	Zip/Postal Code	71913	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
Positional Interests (check all that apply)	Respondent		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
rom 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one creport?	or more broadcast stations	No

Ownership Information				
FRN	2130052919	2130052919		
Name	Gregory R. Shinn			
Address	PO Box			
	Street 1	125 Corporate Terrace		
	Street 2			
	City	Hot Springs		
	State ("NA" if non-U.S. address)	AR		
	Zip/Postal Code	71913		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - trustee			
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No	
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	100.0%		
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?			No	
(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	

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

No

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

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.

No

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: Trustee Exact Legal Title or Name of Respondent: Gregory R Shinn Irrevocable Trust Name: Gregory R Shinn Phone: 0000000000