



(REFERENCE COPY - Not for submission)

Noncommercial Broadcast Stations Biennial Ownership Report (FCC Form 323-E)

File Number: **0000221720** | Submit Date: **2023-10-02** | FRN: **0006395925**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **10/02/2023**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0006395925	CSN International, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 391 4002 N. 3300 E.	Twin Falls	ID	83303	+1 (208) 733-3133	mikekestler@netzero.com

2. Contact Representative

Name	Organization
Cary S. Tepper	Tepper Law Firm, LLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
4900 Auburn Avenue Suite 100	Bethesda	MD	20814-2632	+1 (301) 718-1818	tepperlaw@aol.com

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:	
Relationship to stations/permits	Licensee
Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity?	No

(b) Provide the following information about this report:	
Purpose	Biennial
"As of" date	10/01/2023 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)
and Station(s)**

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

Licensee/Permittee Name	FRN
CSN International, Inc.	0006395925

Fac. ID No.	Call Sign	City	State	Service
2868	WIFF	WINDSOR	NY	FM
5391	WSFW	SENECA FALLS	NY	AM
8414	KAWZ	TWIN FALLS	ID	FM
8417	KAWS	MARSING	ID	FM
8432	KEFX	TWIN FALLS	ID	FM
16523	WWUN-FM	FRIAR'S POINT	MS	FM
18887	WCBX	BASSETT	VA	AM
22672	WWYC	TOLEDO	OH	AM
33324	KIPA	HILO	HI	AM
37433	KGNR	JOHN DAY	OR	FM
64664	WTZE	TAZEWELL	VA	AM
64665	WKQY	TAZEWELL	VA	FM
72657	KMHI	MOUNTAIN HOME	ID	AM
76989	KTBJ	FESTUS	MO	FM
81138	KHJC	LIHUE	HI	FM
81518	KCIF	HILO	HI	FM
84184	KLWD	GILLETTE	WY	FM
87267	KWYC	CHEYENNE	WY	FM
87930	KJCU	FORT BRAGG	CA	FM
90263	KJCH	COOS BAY	OR	FM
90500	KWRC	HERMOSA	SD	FM
90842	KWCF	SHERIDAN	WY	FM
90917	KVIR	DOLAN SPRINGS	AZ	FM
91804	KVJC	GLOBE	AZ	FM
92285	KKJA	REDMOND	OR	FM
92487	KTJC	KELSO	WA	FM
92491	KPIJ	JUNCTION CITY	OR	FM
92987	KGSF	HUNTSVILLE	AR	FM
93512	KJCB	LOCKWOOD	MT	FM
93587	KJFT	ARLEE	MT	FM
106475	KJCF	ASOTIN	WA	FM
121839	KDJC	BAKER	OR	FM

122010	WYJC	GREENVILLE	FL	FM
122202	WSMA	SCITUATE	MA	FM
122209	WUJC	ST. MARKS	FL	FM
122517	KJCC	CARNEGIE	OK	FM
122932	KNMA	TULAROSA	NM	FM
122934	KEFS	NORTH POWDER	OR	FM
164259	KXCD	FAIRFIELD	ID	FM
170239	KQXI	GRANITE FALLS	WA	FM
171016	KGDL	TRENT	TX	FM
172645	KGFJ	BELT	MT	FM
172973	WGWS	ST. MARY'S CITY	MD	FM
174458	KQDL	HINES	OR	FM
174640	KBJF	SARATOGA SPRINGS	UT	FM
174802	KOGJ	KENAI	AK	FM
176566	KNGW	JUNEAU	AK	FM
176981	KLWL	CHILLICOTHE	MO	FM
177070	KNEF	FRANKLIN	NE	FM
177208	KOKN	OKETO	KS	FM
191575	KIMW	HEFLIN	LA	FM
198794	KCNU	SILVER CITY	ID	FM
766380	WXPB	WHEATFIELD	IN	FM
767193	KSOA	Soledad	CA	FM
767224	KYML	Mount Laguna	CA	FM
767423	KXML	Moses Lake	WA	FM
767430	KHOD	Hoodsport	WA	FM
775456	KXHO	HOMER	AK	FM
775479	KETB	KETCHIKAN	AK	FM
775505	KMPA	PALMER	AK	FM
775519	KQFB	FAIRBANKS	AK	FM
775562	KQSO	SOLDOTNA	AK	FM
775563	KQAB	Auke Bay	AK	FM
775564	KVKO	KODIAK	AK	FM
775565	KDSI	SITKA	AK	FM
775588	KZFB	Fairbanks	AK	FM
775824	KNPA	NORTH POLE	AK	FM
775840	KQKO	KODIAK	AK	FM

776245	KHOQ	HOMER	AK	FM
776330	KNPY	North Pole	AK	FM

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 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. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents should select "Not Applicable" in response to this question.

Document Information	
Description of contract or instrument	Certificate of Incorporation
Parties to contract or instrument	State of Idaho
Date of execution	03/1999
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Corporate formation document

Document Information	
Description of contract or instrument	Articles of Amendment
Parties to contract or instrument	State of Idaho
Date of execution	01/2019
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Corporate name change filing

Document Information	
Description of contract or instrument	Articles of Amendment
Parties to contract or instrument	State of Idaho
Date of execution	10/2019
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Updating the names of the corporate directors

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, members of the governing board (or other governing entity), stockholders, 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 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	0006395925	
Entity Name	CSN International, Inc.	
Address	PO Box	391
	Street 1	4002 N. 3300 E.
	Street 2	
	City	Twin Falls
	State ("NA" if non-U.S. address)	ID
	Zip/Postal Code	83303
	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 from 0.0 to 100.0)	Voting	0.0%
	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	9990137041	
Name	Ariel Kestler	
Address	PO Box	1183
	Street 1	
	Street 2	
	City	Twin Falls
	State ("NA" if non-U.S. address)	ID
	Zip/Postal Code	83301

	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	None	
By Whom Appointed or Elected	Board of Directors	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	33.3%
	Equity	00.0%
	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	9990137042	
Name	Michael Kestler	
Address	PO Box	1183
	Street 1	
	Street 2	
	City	Twin Falls
	State ("NA" if non-U.S. address)	ID
	Zip/Postal Code	83301
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Pastor	
By Whom Appointed or Elected	Board of Directors	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male

	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	33.3%
	Equity	00.0%
	Total assets (Equity Debt Plus)	00.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990151217	
Name	Crystal Pamplona	
Address	PO Box	
	Street 1	865 Chase Drive
	Street 2	
	City	Twin Falls
	State ("NA" if non-U.S. address)	ID
	Zip/Postal Code	83301
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Executive Assistant	
By Whom Appointed or Elected	Board of Directors	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	33.3%
	Equity	00.0%
	Total assets (Equity Debt Plus)	00.0%
Does interest holder have an attributable interest in one or more broadcast stations 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
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<p>(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</p> <p>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.</p>	<p>No</p>
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3. Organizational Chart (Licensees Only)

Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

Non-Licensee Respondents should select "N/A" in response to this question.

A vertical ownership structure exhibit is not required here since the licensee does not have a parent entity.

Section III - Certification

Certification

Section	Question	Response
<p>Authorized Party to Sign</p>	<p>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).</p>	
<p>Certification</p>	<p>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.</p>	<p>Official Title: President Exact Legal Title or Name of Respondent: CSN International, Inc. Name: Michael Kestler Phone: 2087333133</p> <p>10/02/2023</p>