

(REFERENCE COPY - Not for submission)

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

File Number: 0000231077 | Submit Date: 2023-12-01 | FRN: 0020951463

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 12/08/2023

Filing Status: Active

#### **Section I - General Information**

#### 1. Respondent

FRN	Entity Name
0020951463	Basin Broadcasting Company, Inc.

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1515 West Main Street	Farmington	NM	87401	+1 (505) 325-1996	kgober@basinbroadcasting.

## 2. Contact Representative

Name		Organization	
	Gary S. Smithwick, Esq.	Smithwick & Belendiuk, P.C.	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
5028 Wisconsin Ave., N.W., #301	Washington	DC	20016	+1 (202) 363- 4560	gsmithwick@fccworld. com

## 3. Application Filing Fee

Question	Response
Is this application being submitted without a filing fee?	No

#### **Fees**

Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
Biennial	Form 323	MAR	3	95	\$285.00
				Total	\$285.00

## 4. Nature of Respondent

# (a) Provide the following information about the Respondent: Relationship to stations/permits Licensee Nature of Respondent For-profit corporation

(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
Basin Broadcasting Company, Inc.	0020951463

Fac. ID No.	Call Sign	City	State	Service
4039	KWYK-FM	AZTEC	NM	FM
4040	KNDN	FARMINGTON	NM	AM
29518	KRZE	FARMINGTON	NM	AM

### **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.

Document Information			
Description of contract or instrument	Articles of Incorporation		
Parties to contract or instrument	New Mexico		
Date of execution	01/2011		
Date of expiration	No expiration date		

Agreement type	Other
(check all that apply)	Agreement Type: Articles of Incorporation

Document Information			
Description of contract or instrument	By-Laws		
Parties to contract or instrument	Stockholders		
Date of execution	01/2011		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: By-Laws		

## 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) 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	0020951463			
Entity Name	Basin Broadcasting Company, Inc.			
Address	PO Box			
	Street 1	1515 West Main Street		
	Street 2			
	City Farmington  State ("NA" if non-U.S. NM address)			
	Zip/Postal Code 87401			
	Country (if non-U.S. United States address)			
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%	Jointly Held? No	
	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a that do not appear on this	an attributable interest in one o	r more broadcast stations	No	

FRN	0019813898			
i iviv	0019013090			
Name	Kerwin Gober			
Address	РО Вох			
	Street 1	1515 West Main Street		
	Street 2			
	City	Farmington		
	State ("NA" if non-U.S. address)	NM		
	Zip/Postal Code	87401		
	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	Voting	100.0% Jointly Held?		
from 0.0 to 100.0)	Equity	100.0%		
	Total assets (Equity Debt Plus)	100.0%		

Ownership Information			
FRN	0003783859		
Name	James R. Burt		
Address	PO Box		
	Street 1	1515 West Main Street	
	Street 2		
	City	Farmington	

	State ("NA" if non-U.S. address)	NM		
	Zip/Postal Code	87401		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer			
Citizenship, Gender, Ethnicity, and Race Information (Natural	Citizenship	US		
	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
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 that do not appear on this	an attributable interest in one o	or more broadcast stations	Yes	

9990135436				
Steve Henderson				
РО Вох				
Street 1	1515 West Main Stree	1515 West Main Street		
Street 2				
City	Farmington	Farmington		
State ("NA" if non-U.S. address)	NM	NM		
Zip/Postal Code	87401			
Country (if non-U.S. address)	United States			
Other Interest Holder				
Officer	Officer			
Citizenship	US			
Gender	Male			
Ethnicity	Not Hispanic or Latino			
Race	White			
Voting	0.0%	Jointly Held? No		
	Steve Henderson  PO Box  Street 1  Street 2  City  State ("NA" if non-U.S. address)  Zip/Postal Code  Country (if non-U.S. address)  Other Interest Holder  Officer  Citizenship  Gender  Ethnicity  Race	Steve Henderson  PO Box  Street 1 1515 West Main Street  Street 2  City Farmington  State ("NA" if non-U.S. address)  Zip/Postal Code 87401  Country (if non-U.S. address)  Other Interest Holder  Officer  Citizenship US  Gender Male  Ethnicity Not Hispanic or Latino Race White		

	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	
(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.

(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.

# 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.

There is no vertical ownership structure for this licensee

## **Section III - Certification**

#### 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: <b>President</b> Exact Legal Title or Name of Respondent: <b>Basin Broadcasting Company, Inc.</b> Name: <b>Kerwin D. Gober</b> Phone: <b>5053251996</b>