

(REFERENCE COPY - Not for submission)

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

File Number: 0000226695 | Submit Date: 2023-11-17 | FRN: 0007683287

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 11/17/2023

Filing Status: Active

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

#### 1. Respondent

FRN	Entity Name
0007683287	Route 66 Broadcasting, LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
812 E. Beale Street	Kingman	AZ	86402	+1 (928) 753- 9100	tkhart@mangumlaw.

## 2. Contact Representative

Name	Organization
Seth L. Williams	Fletcher, Heald & Hildreth, PLC

			Zip		
Street Address	City (and Country if non U.S. address)	State	Code	Phone	Email
1300 N 17th Street Suite 1100	Arlington	VA	22209	+1 (703) 812-0400	williams@fhhlaw.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	1	95	\$95.00
				Total	\$95.00

## 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	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
Route 66 Broadcasting, LLC	0007683287

Fac. ID No.	Call Sign	City	State	Service
56339	KZKE	SELIGMAN	AZ	FM

## **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 Organization	
Parties to contract or instrument	State of Arizona	
Date of execution	07/1998	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other  Agreement Type: 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) 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	0007683287	0007683287		
Entity Name	Route 66 Broadcasting, LLC	Route 66 Broadcasting, LLC		
Address	PO Box			
	Street 1	812 E. Beale Street		
	Street 2			
	City	Kingman		
	State ("NA" if non-U.S. address)	AZ		
	Zip/Postal Code	86402		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
Positional Interests (check all that apply)	Respondent	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	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
	Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?			

Ownership Information			
FRN	0033011073		
Entity Name	2 Bits Family Trust		
Address	РО Вох		

	Street 1	7311 N. 175th Avenue	
	Street 2		
	City	Wadell	
	State ("NA" if non-U.S. address)	AZ	
	Zip/Postal Code	85355	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other - Trust		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	100.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	Yes

Ownership Information			
FRN	9990152500		
Name	Rhonda K. Hart		
Address	PO Box		
	Street 1	7311 N. 175th Avenue	
	Street 2		
	City	Wadell	
	State ("NA" if non-U.S. address)	AZ	
	Zip/Postal Code	85355	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Trustee (2 Bits Family Trust)		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Female	
	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)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		Yes	

Ownership Information			
FRN	9990152501		
Name	Trisha K. Hart		
Address	PO Box		
	Street 1	7311 N. 175th Avenue	
	Street 2		
	City	Wadell	
	State ("NA" if non-U.S. address)	AZ	
	Zip/Postal Code	85355	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Trustee (2 Bits Family Trust)		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this	an attributable interest in one o	r more broadcast stations	Yes
• •	at any interests, including equithis filing are non-attributable. an explanation.	ty, financial, or voting	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?

Yes

If " $\underline{\text{Yes}},$  " provide the following information for each such the relationship.

Family Relationships			
FRN	9990152500	Name	Rhonda K. Hart
FRN	9990152501	Name	Trisha K. Hart
Relationship	Parent/Child		

(d) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
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.

File Name	Uploaded By	Attachment Type	Description
Route 66 Ownership Chart.pdf	Applicant	Ownership Chart	Ownership Chart

## **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: Manager Exact Legal Title or Name of Respondent: Route 66 Broadcasting, LLC Name: Cari Jo Hokanson Phone: 9287539100