



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: **0000225973** | Submit Date: **2023-11-13** | FRN: **0028061125**

Purpose: **Commercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **11/13/2023**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0028373561	Seagrape TR 1242019

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
5825 SW 91st Street	Miami	FL	33156	+1 (000) 000-0000	johnsneely@yahoo.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	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
Subarctic Media, LLC	0028061125

Fac. ID No.	Call Sign	City	State	Service
20386	KFSP	MANKATO	MN	AM
30120	KATO-FM	NEW ULM	MN	FM
30124	KKCK	SPRINGFIELD	MN	FM
32999	KMHL	MARSHALL	MN	AM
35127	KARZ	MARSHALL	MN	FM
35129	KARL	TRACY	MN	FM
42899	KTOE	MANKATO	MN	AM
42993	KDOG	NORTH MANKATO	MN	FM
51524	KNSG	MARSHALL	MN	FM
57428	KEMJ	ST. JAMES	MN	FM
57429	KXAC	ST. JAMES	MN	FM
164248	KXLP	EAGLE LAKE	MN	FM
165993	KRRW	WINTHROP	MN	FM

Licensee/Permittee Name	FRN
Blooming Prairie Farm Radio, Inc.	0006097521

Fac. ID No.	Call Sign	City	State	Service
5874	KOWZ	BLOOMING PRAIRIE	MN	FM
68823	KNXR	ROCHESTER	MN	FM

Licensee/Permittee Name	FRN
City of Lakes Media, Inc.	0027172725

Fac. ID No.	Call Sign	City	State	Service
73656	KSUM	FAIRMONT	MN	AM
73657	KFMC-FM	FAIRMONT	MN	FM

Licensee/Permittee Name	FRN
Bold Radio, Inc.	0005086095

Fac. ID No.	Call Sign	City	State	Service
50285	KOLV	OLIVIA	MN	FM

Licensee/Permittee Name	FRN
Main Street Broadcasting, Inc.	0005804307

Fac. ID No.	Call Sign	City	State	Service
70930	KRUE	WASECA	MN	FM
70931	KFOW	WASECA	MN	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.

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) 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	0028373561	
Entity Name	Seagrape TR 1242019	
Address	PO Box	
	Street 1	5825 SW 91st Street
	Street 2	
	City	Miami
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	33156
	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%	Jointly Held? No
	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	2130001171		
Name	JDavid Linder		
Address	PO Box		
	Street 1	5825 SW 91st	
	Street 2		
	City	Miami	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	33156	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - voting trustee		
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	100.0%	Jointly Held? No
	Equity	100.0%	
	Total assets (Equity Debt Plus)	100.0%	
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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<p>(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?</p> <p>If "<u>Yes</u>," provide the following information for each such the relationship.</p>	No
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<p>(d) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</p> <p>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.</p>	No
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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: Trustee Exact Legal Title or Name of Respondent: Seagrape TR 1242019 Name: J David Linder Phone: 0000000000</p> <p>11/13/2023</p>