



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial  
Ownership Report (FCC Form 323)

File Number: 0000225808 | Submit Date: 2023-11-13 | FRN: 0034096875

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			
0034096875		Thomas Birch and Aurora Birch Living Trust			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
7120 Trenton Ridge Court	Raleigh	NC	27613	+1 (919) 341-1804	tombirch@lakesmediallc.com

2. Contact Representative

Name		Organization			
Dawn Sciarrino		Sciarrino & Shubert, PLLC			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
330 Franklin Road Suite 135A-133	Brentwood	TN	37027	+1 (202) 256-9551	dawn@sciarrinolaw.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
Lakes Media, LLC	0012656294

Fac. ID No.	Call Sign	City	State	Service
11723	WLUS-FM	CLARKSVILLE	VA	FM
15501	WMPW	DANVILLE	VA	AM
31178	WHLF	SOUTH BOSTON	VA	FM
50234	WKSK-FM	SOUTH HILL	VA	FM
50235	WSHV	SOUTH HILL	VA	AM
67269	WWDN	DANVILLE	VA	AM
150108	W244CP	SOUTH HILL	VA	FX
154006	W290DA	DANVILLE	VA	FX
154767	W283BN	DANVILLE	VA	FX

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	0034096875

Entity Name	Thomas Birch and Aurora Birch Living Trust		
Address	PO Box		
	Street 1	7120 Trenton Ridge Court	
	Street 2		
	City	Raleigh	
	State ("NA" if non-U.S. address)	NC	
	Zip/Postal Code	27613	
	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	0019975994		
Name	Thomas C. Birch		
Address	PO Box		
	Street 1	7120 Trenton Ridge Ct	
	Street 2		
	City	Raleigh	
	State ("NA" if non-U.S. address)	NC	
	Zip/Postal Code	27613	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Trustee		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	

	<b>Race</b>	White	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	51.0%	<b>Jointly Held?</b> No
	<b>Equity</b>	51.0%	
	<b>Total assets (Equity Debt Plus)</b>	51.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			No

<b>Ownership Information</b>			
<b>FRN</b>	0019976000		
<b>Name</b>	Aurora D. Birch		
<b>Address</b>	<b>PO Box</b>		
	<b>Street 1</b>	7120 Trenton Ridge Ct	
	<b>Street 2</b>		
	<b>City</b>	Raleigh	
	<b>State ("NA" if non-U.S. address)</b>	NC	
	<b>Zip/Postal Code</b>	27613	
	<b>Country (if non-U.S. address)</b>	United States	
<b>Listing Type</b>	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Other - Trustee		
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US	
	<b>Gender</b>	Female	
	<b>Ethnicity</b>	Not Hispanic or Latino	
	<b>Race</b>	White	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	49.0%	<b>Jointly Held?</b> No
	<b>Equity</b>	49.0%	
	<b>Total assets (Equity Debt Plus)</b>	49.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			No

<b>(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.</b> If "No," submit as an exhibit an explanation.	Yes
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<b>(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?</b>	Yes
If " <u>Yes</u> ," provide the following information for each such the relationship.	

Family Relationships			
FRN	0019976000	Name	Aurora D Birch
FRN	0019975994	Name	Thomas C Birch
Relationship	Spouses		

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

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 LICENSE --OR 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>Co-Trustee</b> Exact Legal Title or Name of Respondent: <b>Thomas Birch and Aurora Birch Living Trust</b> Name: <b>Thomas C. Birch</b> Phone: <b>9193411804</b>  11/11/2023