

(REFERENCE COPY - Not for submission)

FRN

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000227840Submit Date: 2023-11-27FRN: 0008228728Purpose: Commercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 11/27/2023Filing Status: ActiveStatus: ActiveStatus Date: 11/27/2023

Section I - General Information

1. Respondent

Entity Name

0008228728		Andersor	n Radio Broadcasting, Inc			
Street	City (and Country	y if non	State ("NA" if non-U.	Zip		

Street Address	U.S. address)	State ("NA" if non-U. S. address)	Zıp Code	Phone	Email
PO Box 10	Polson	МТ	59860	+1 (406) 883-5255	dennis@andersonbroadcasting. com

2. Contact Representative

Name	Organization	
Anne Thomas Paxson	Borsari & Paxson	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
5335 Wisconsin Avenue, N.W. Suite 440	Washington	DC	20015	+1 (202) 296-4800	atp@baplaw.com

3. Application Filing Fee

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

Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
Biennial	Form 323	MAR	11	95	\$1,045.00
				Total	\$1,045.00

4. Nature of Respondent

Fees

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
Anderson Radio Broadcasting, Inc.	0008228728

Fac. ID No.	Call Sign	City	State	Service
2205	ККМТ	RONAN	МТ	FM
2208	KERR	POLSON	МТ	AM
4699	KLYQ	HAMILTON	МТ	AM
32389	KYLT	MISSOULA	МТ	AM
83460	KIBG	BIGFORK	МТ	FM
88404	KENR	SUPERIOR	МТ	FM
89040	KXDR	PINESDALE	МТ	FM
160700	KQDE	EVERGREEN	МТ	AM
164302	КZХТ	EUREKA	МТ	FM
164303	KQEZ	ST. REGIS	МТ	FM
165376	KQRK	PABLO	МТ	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 Incorporation				
Parties to contract or instrument	N/A				
Date of execution	11/2002				
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	By-laws				
Parties to contract or instrument	N/A				
Date of execution	11/2002				
Date of expiration	No expiration date				
Agreement type (check all that apply)	Other Agreement Type: Corporate governance document				

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	0008228728				
Entity Name	Anderson Radio Broadcasting,	Inc.			
Address	PO Box	10			
	Street 1				
	Street 2				
	City	Polson			
	State ("NA" if non-U.S. address)	МТ			

Ownership Information

	Zip/Postal Code	59860	
	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 o	or more broadcast stations	No

that do not appear on this report?

Ownership Information			
FRN	0020010591		
Name	Dennis L. Anderson		
Address	PO Box		
	Street 1	34598 Sweet Cherry Lane	
	Street 2		
	City	Polson	
	State ("NA" if non-U.S. address)	MT	
	Zip/Postal Code	59860	
	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	50.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	50.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?			

Ownership Information			
FRN	0020010609		
Name	Nila Y. Anderson		
Address	PO Box		
	Street 1	34598 Sweet Cherry Lane	
	Street 2		
	City	Polson	
	State ("NA" if non-U.S. address)	MT	
	Zip/Postal Code	59860	
	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	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	50.0%	Jointly Held? No
	Equity	50.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this re	n attributable interest in one o eport?	r more broadcast stations	No

(b) Respondent certifies that any interests, including equity, financial, or voting	Yes
interests, not reported in this filing are non-attributable.	
If "No," submit as an exhibit an explanation.	

(c) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other Yes or related to each other as parentchild or as siblings?

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

Family Relationships

FRN	0020010591	Name	Dennis L Anderson
FRN	0020010609	Name	Nila Y Anderson
Relationship	Spouses		

 (d) Is Respondent seeking an attribution exemption for any officer or director with
 No

 duties wholly unrelated to the Licensee(s)?
 If "Yes " complete the information in the required fields and submit an Exhibit fully describing

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.

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.

The licensee has no parent entity.

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: President Exact Legal Title or Name of Respondent: President Name: Dennis L. Anderson Phone: 4068835255 11/26/2023