

Federal (REFERENCE COPY - Not for submission) Communications Operations

FRN

Name

0032899247

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

 File Number:
 0000228529
 Submit Date:
 2023-11-28
 FRN:
 0011338662

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 11/28/2023

 Filing Status:
 Active
 Status:
 Status Date:
 11/28/2023

Section I - General Information

The Steven A. Silberberg Irrevocable Trust

1. Respondent

Entity Name

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
288 South River Road	Bedford	NH	03110	+1 (603) 668- 6400	lisab@nebcast. com

2. Contact Representative

Barry Friedman			Thomp	son Hine LLP		
Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email	

Organization

Address	address)	State	Code	Phone	Email
Suite 700 1919 M Street, N.W.	Washington	DC	20036	+1 (202) 331- 8800	barry.friedman@thompsonhine. 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					
White Park Broadcasting, Inc.			001133866	0011338662	
Fac. ID No.	Call Sign	City	State	Service	
164288	кwно	LOVELL	WY	FM	
165998	KBEN-FM	COWLEY	WY	FM	
165999	KROW	CODY	WY	FM	
190378	KIMX	CENTENNIAL	WY	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.

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 mornation					
FRN	0032899247				
Entity Name	The Steven A. Silberberg Irrevocable Trust				
Address	PO Box				
	Street 1	288 South River Road			
	Street 2				
	City	Bedford			
	State ("NA" if non-U.S. address)	NH			

Ownership Information

Respondent		
Interest holder is not a Tribal nation or Tribal entity		
Jointly Held? No		
0.0%		

Ownership Information				
FRN	0021307129			
Name	JACOB L. SILBERBERG	JACOB L. SILBERBERG		
Address	PO Box			
	Street 1	288 South River Road		
	Street 2			
	City	Bedford		
	State ("NA" if non-U.S. address)	NH		
	Zip/Postal Code	03110		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - Trustee			
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	33.3%	Jointly Held? No	
from 0.0 to 100.0)	Equity	33.3%	'	
	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	0021150800	0021150800			
Name	Lisa Burgess				
Address	PO Box				
	Street 1	288 South River Road			
	Street 2				
	City	Bedford			
	State ("NA" if non-U.S. address)	NH			
	Zip/Postal Code	03110			
	Country (if non-U.S. address)	United States			
Listing Type	Other Interest Holder				
Positional Interests (check all that apply)	Other - Trustee				
Citizenship, Gender,	Citizenship	US			
Ethnicity, and Race Information (Natural	Gender	Female	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino			
	Race	White			
Interest Percentages (enter percentage values	Voting	33.3%	Jointly Held? No		
from 0.0 to 100.0)	Equity	33.3%			
	Total assets (Equity Debt Plus)				
Does interest holder have a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes		

Ownership Information	
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FRN	2130031053	
Name	Hattie Danziger	
Address	PO Box	
	Street 1	288 South River Road
	Street 2	
	City	Bedford
	State ("NA" if non-U.S. address)	NH
	Zip/Postal Code	03110
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

Positional Interests (check all that apply)	Other - Trustee			
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	Voting	33.3%	Jointly Held? No	
from 0.0 to 100.0)	Equity	33.3%		
	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	

(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	0021307129	Name	JACOB L SILBERBERG	
FRN	2130031053	Name	Hattie Danziger	
Relationship	Siblings			

(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.	

Certification Section Question Res	sponse
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: Trustee Exact Legal Title or Name of Respondent: The Steven A. Silberberg Irrevocable Trust Name: Jacob Silberberg Phone: 6036686400 11/28/2023