

(REFERENCE COPY - Not for submission)

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

File Number: 0000239679 | Submit Date: 2024-02-22 | FRN: 0007265937

Purpose: Commercial Broadcast Stations Non-Biennial Ownership Report Status: Received Status Date:

02/22/2024 Filing Status: Active

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

#### 1. Respondent

FRN	Entity Name
0007265937	L.M. Communications, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
401 West Main St.	Lexington	KY	40507	+1 (859) 233- 1515	Imartin@Imcomm.

## 2. Contact Representative

Name	Organization
Sally A. Buckman	Lerman Senter PLLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2001 L Street, NW Suite 400	Washington	DC	20036	+1 (202) 429- 8970	sbuckman@lermansenter.

## 3. Application Filing Fee

Not Applicable

# 4. Nature of Respondent

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	Transfer of control or assignment of license/permit		
"As of" date	02/02/2024		
	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) /Permittees(s)

## and Station(s) /Permit(s)

Licensee/Permittee Name	FRN
L.M. Communications, Inc.	0007265937

Fac. ID No.	Call Sign	City	State	Service
4592	WBTF	MIDWAY	KY	FM
30191	WBVX	CARLISLE	KY	FM
36114	WLXG	LEXINGTON	KY	AM
36140	WGKS	PARIS	KY	FM
43861	WCDA	VERSAILLES	KY	FM
148567	W223CV	LEXINGTON	KY	FX

#### **Section II – Non-Biennial Ownership Information**

1. 47 C.F.R. Section 73.3613 and Other Documents Licensee/Permittee Respondents 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/Permittee Respondents should select "Not Applicable" in response to this question.

Document Information			
Description of contract or instrument	ARTICLES OF INCORPORATION		
Parties to contract or instrument	KENTUCKY		
Date of execution	02/2001		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: ARTICLES OF INCORPORATION		

Document Information		
Description of contract or instrument	BYLAWS	
Parties to contract or instrument	L.M. COMMUNICATIONS, INC.	
Date of execution	02/2001	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: BYLAWS	

Document Information			
Description of contract or instrument	Agreement and Plan of Reorganization		
Parties to contract or instrument	L.M. Communications Television, LLC; L.M. Communications, Inc.; L.M. Communications of Kentucky, LLC; WKLC, Inc.; L.M. Communications of South Carolina, Inc.; Lynn M. Martin		
Date of execution	12/2023		
Date of expiration	No expiration date		

Agreement type	Other
(check all that apply)	Agreement Type: Agreement and Plan of Reorganization

#### 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) or Permittee(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) or Permittee(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	0007265937		
Entity Name	L.M. Communications, Inc.	L.M. Communications, Inc.	
Address	РО Вох	) Box	
	Street 1	401 West Main St.	
	Street 2		
	City	Lexington	
	State ("NA" if non-U.S. address)	KY	
	Zip/Postal Code	40507	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
Positional Interests (check all that apply)	Respondent		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	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?		No	

	Ownership Information	
FRN 0021860648		0021860648
	Intity Name L.M. Communications Television LLC	

Address	РО Вох		
	Street 1	401 West Main St.	
	Street 2	Suite 301	
	City	Lexington	
	State ("NA" if non-U.S. address)	KY	
	Zip/Postal Code	40507	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Stockholder		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	100.0%	Jointly Held? No
	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?  Yes		Yes	

Ownership Information			
FRN	0007276918		
Name	Lynn M. Martin		
Address	РО Вох		
	Street 1	401 West Main St.	
	Street 2	Suite 301	
	City	Lexington	
	State ("NA" if non-U.S. address)	KY	
	Zip/Postal Code	40507	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	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?  Yes		Yes	

(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.	Yes
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
or related to each other as parentchild or as siblings?

No

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

# (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	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: <b>President</b> Exact Legal Title or Name of Respondent: <b>L.M.</b> Communications, Inc. Name: Lynn M. Martin Phone: <b>8592331515</b>