

#### (REFERENCE COPY - Not for submission)

FRN

0027258250

Not Applicable

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

**Entity Name** 

 File Number:
 0000046826
 Submit Date:
 2018-03-02
 FRN:
 0027258250

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 03/02/2018

 Filing Status:
 Active
 Status:
 Received
 Status Date:
 03/02/2018

## **Section I - General Information**

#### 1. Respondent

## RN Properties Limited Liability Partnership

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
4455 E. Camelback Road Suite D- 145	Phoenix	AZ	85018	+1 (602) 667- 9500	bill. beverage@angels. com

#### 2. Contact Representative

Name	Organization
David G. O'Neil, Esq.	Rini O'Neil, PC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1200 New Hampshire Avenue, NW Suite 600	Washington	DC	20036	+1 (202) 955-3931	doneil@rinioneil.com

## 3. Application Filing Fee

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	Limited partnership		

(b) Provide the following information about this report:

Purpose	Biennial	
"As of" date	10/01/2017	
	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	
LAA 1, LLC d/b/a AM830	0014645964			
Fac. ID No.	Call Sign	City	State	Service
50516	KLAA	ORANGE	CA	АМ

### 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.

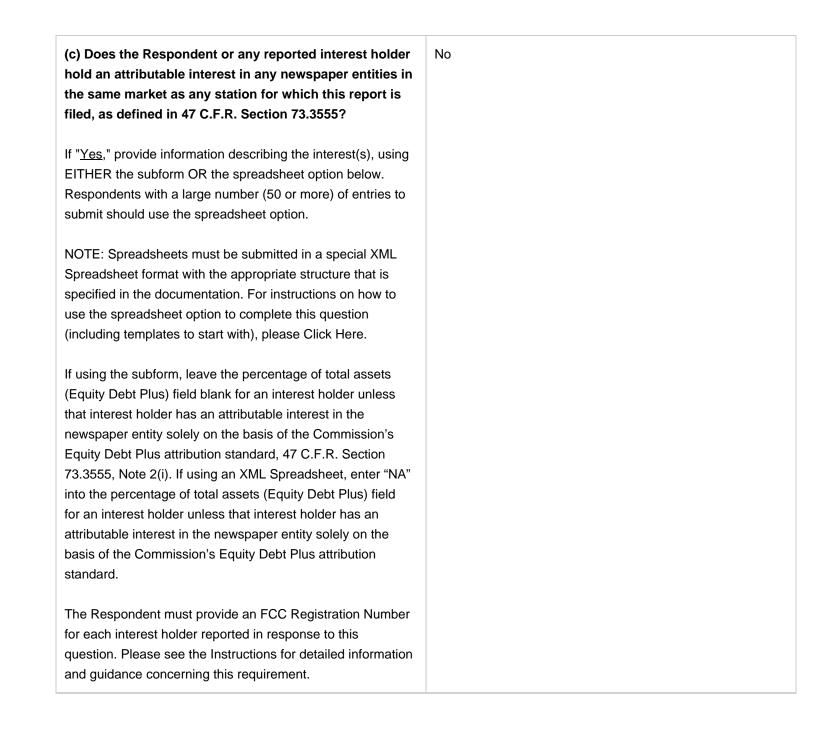
The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information					
FRN	0027258250				
Entity Name	RN Properties Limited Liability Partnership				
Address	PO Box				
	Street 1	4455 E. Camelback Road			
	Street 2	Suite D-145			
	City	Phoenix			
	State ("NA" if non-U.S. address)	AZ			
	Zip/Postal Code	85018			

	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	Voting	0.0%	Jointly Held? No	
from 0.0 to 100.0)	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	9990125654	9990125654			
Name	Arturo Moreno	Arturo Moreno			
Address	PO Box	PO Box			
	Street 1	4455 E. Camelback Road			
	Street 2	Suite D-145	Suite D-145		
	City	Phoenix			
	State ("NA" if non-U.S. address)	AZ			
	Zip/Postal Code	85018			
	Country (if non-U.S.United Statesaddress)				
Listing Type	Other Interest Holder	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	General Partner	General Partner			
Citizenship, Gender,	Citizenship	US			
Ethnicity, and Race Information (Natural	Gender	Male			
Persons Only)	Ethnicity	Hispanic or Latino			
	Race	White			
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No		
from 0.0 to 100.0)	Equity	0.5%			
	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?					

FRN	9990125655					
Name	Carole Moreno	Carole Moreno				
Address	PO Box					
	Street 1	4455 E. Camelback Road				
	Street 2	Suite D-145				
	City	Phoenix				
	State ("NA" if non-U.S. address)	AZ				
	Zip/Postal Code	85018				
	Country (if non-U.S. address)	United States				
Listing Type	Other Interest Holder					
Positional Interests (check all that apply)	General Partner					
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	Voting	0.0%	Jointly Held? No			
from 0.0 to 100.0)	Equity	0.5%				
	Total assets (Equity Debt0.0%Plus)					
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?						
(b) Respondent certifies that any interests, including equity, financial, or votingYesinterests, not reported in this filing are non-attributable.If "No," submit as an exhibit an explanation.						



(d) 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 "Yes," provide the following information for each such the relationship.

FRN	9990125654	Name	Arturo Moreno	
FRN	9990125655	Name	Carole Moreno	
Relationship	Spouses			

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	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.	

Eamily Polationshing

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>General Partner</b> Exact Legal Title or Name of Respondent: <b>RN</b> <b>Properties Limited Liability Partnership</b> Name: <b>Arturo Moreno</b> Phone: <b>7149402000</b> 03/02/2018