

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

File Number: 0000046115Submit Date: 2018-03-01FRN: 0020140109Purpose: Commercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 03/01/2018Filing Status: ActiveStatus: ActiveStatus Date: 03/01/2018

# **Section I - General Information**

### 1. Respondent

FRN	Entity Name
0020140109	37th Avenue Group LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 53248	Bellevue	WA	98015	+1 (206) 790- 5405	gsmith0605@msn. com

### 2. Contact Representative

Gregg P. Skall, Esq.		V	Womble Bond Dickinson (US) LLP			
Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email	

Organization

Address	address)	State	Zip Code	Phone	Email
1200 19th Street, N.W. Suite 500	Washington	DC	20036	+1 (202) 857- 4441	gregg.skall@wbd-us. com

### 3. Application Filing Fee

# Not Applicable

Name

# 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 liability company

### (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.	

### and Station(s)

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Name	FRN
Sunnylands Broadcasting, LLC	0020104782

Fac. ID No.	Call Sign	City	State	Service
14056	KVGH	THOUSAND PALMS	CA	AM
140747	K237FR	TUMWATER	WA	FX
140751	K291CD	CENTRALIA	WA	FX
142725	K253CG	REDMOND	WA	FX
157713	K293CL	THOUSAND PALMS	СА	FX
191492	KHCV	MECCA	СА	FM

### Section II – Biennial Ownership Information

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 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

1.47 C.F.R.

and Other

**Documents** 

Section 73.3613

(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			
0020140109			
37th Avenue Group LLC			
53248			
Bellevue			
	53248		

	State ("NA" if non-U.S. address)	WA	
	Zip/Postal Code	98015	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
<b>Positional Interests</b> (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 c	r more broadcast stations	No

that do not appear on this report?

Ownership Information				
FRN	0007122393			
Name	Gregory J. Smith			
Address	<b>PO Box</b> 53248			
	Street 1			
	Street 2			
	City	Bellevue		
	State ("NA" if non-U.S. address)	WA		
	Zip/Postal Code	98015		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member, Other	- Manager		
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 from 0.0 to 100.0)	Voting	1.0% Jointly Held? No		
from 0.0 to 100.0)	Equity	1.0%		
	Total assets (Equity Debt Plus)	1.0%		

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?

Yes

Ownership Information				
FRN	0020140125			
Name	Carol J. Smith	Carol J. Smith		
Address	РО Вох	53248		
	Street 1			
	Street 2			
	City	Bellevue		
	State ("NA" if non-U.S. address)	WA		
	Zip/Postal Code 98015			
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member, Other - Manager			
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	1.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	1.0%		
	Total assets (Equity Debt Plus)	1.0%		
Does interest holder have an that do not appear on this re	n attributable interest in one o eport?	r more broadcast stations	No	

### **Ownership Information**

FRN	0020140133	
Name	Patricia Thurman	
Address	PO Box	53248
	Street 1	
	Street 2	
	City	Bellevue
	State ("NA" if non-U.S. address)	WA
	Zip/Postal Code	98015

	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member		
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	16.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	16.0%	
	Total assets (Equity Debt Plus)	16.0%	
Does interest holder have an attributable interest in one or more broadcast stations		more broadcast stations	No

**Ownership Information** 

that do not appear on this report?

Ownership Information			
FRN	0020140158		
Name	Angela Koplan		
Address	PO Box	53248	
	Street 1		
	Street 2		
	City	Bellevue	
	State ("NA" if non-U.S. address)	WA	
	Zip/Postal Code 98015		
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member		
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	16.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	16.0%	
	Total assets (Equity Debt Plus)	16.0%	

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?

No

Ownership Information				
FRN	0020140166	0020140166		
Name	Walter Smith	Walter Smith		
Address	PO Box	53248		
	Street 1			
	Street 2			
	City	Bellevue		
	State ("NA" if non-U.S. address)	WA		
	Zip/Postal Code 98015			
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member			
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	16.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	16.0%		
	Total assets (Equity Debt Plus)	16.0%		
Does interest holder have a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No	

### **Ownership Information**

FRN	0020140190	
Name	Gwyn Schneider	
Address	PO Box	53248
	Street 1	
	Street 2	
	City	Bellevue
	State ("NA" if non-U.S. address)	WA
	Zip/Postal Code	98015

	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member		
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	16.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	16.0%	
	Total assets (Equity Debt Plus)	16.0%	
Does interest holder have an attributable interest in one or more broadcast stations		more broadcast stations	No

**Ownership Information** 

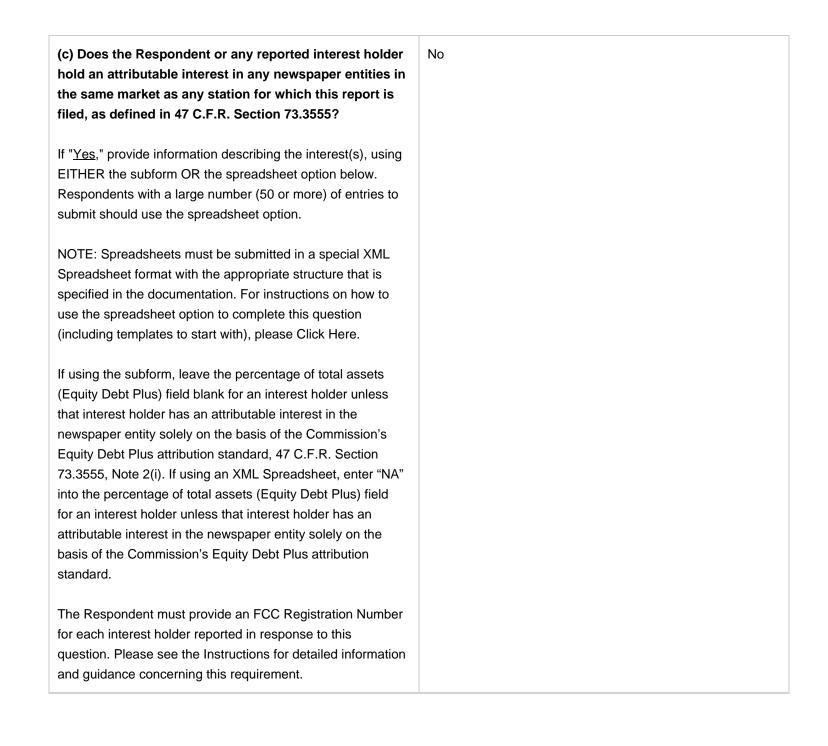
that do not appear on this report?

Ownership information			
FRN	0020140216		
Name	Denise DeBlieck		
Address	PO Box	53248	
	Street 1		
	Street 2		
	City	Bellevue	
	State ("NA" if non-U.S. address)	WA	
	Zip/Postal Code98015		
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member		
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	16.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	16.0%	
	Total assets (Equity Debt Plus)	16.0%	

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?

No

Ownership Information			
FRN	0020140224		
Name	Russell Smith		
Address	PO Box	53248	
	Street 1		
	Street 2		
	City	Bellevue	
	State ("NA" if non-U.S. address)	WA	
	Zip/Postal Code	98015	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member		
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	16.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	16.0%	·
	Total assets (Equity Debt Plus)	16.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	
(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.

### Family Relationships

FRN	0020140166	Name	Walter Smith
FRN	0020140224	Name	Russell Smith
Relationship	Siblings		

#### **Family Relationships**

FRN	0020140166	Name	Walter Smith
FRN	0020140216	Name	Denise DeBlieck
Relationship	Siblings		

FRN	0020140166	Name	Walter Smith
FRN	0020140190	Name	Gwyn Schneider
Relationship	Siblings		

Family Relationships				
FRN	0020140158	Name	Angela Koplan	
FRN	0020140224	Name	Russell Smith	
Relationship	Siblings			

### Family Relationships

FRN	0020140158	Name	Angela Koplan
FRN	0020140216	Name	Denise DeBlieck
Relationship	Siblings		

### Family Relationships

FRN	0020140158	Name	Angela Koplan
FRN	0020140190	Name	Gwyn Schneider
Relationship	Siblings		

### Family Relationships

FRN	0020140158	Name	Angela Koplan	
FRN	0020140166	Name	Walter Smith	
Relationship	Siblings			

### Family Relationships

FRN	0020140133	Name	Patricia Thurman
FRN	0020140224	Name	Russell Smith
Relationship	Siblings		

### Family Relationships

FRN	0020140133	Name	Patricia Thurman
FRN	0020140216	Name	Denise DeBlieck
Relationship	Siblings		

### Family Relationships

FRN	0020140133	Name	Patricia Thurman	
FRN	0020140190	Name	Gwyn Schneider	
Relationship	Siblings			

# Family Relationships

FRN	0020140133	Name	Patricia Thurman
FRN	0020140166	Name	Walter Smith
Relationship	Siblings		

FRN	0020140133	Name	Patricia Thurman
FRN	0020140158	Name	Angela Koplan
Relationship	Siblings		

### Family Relationships

· ·			
FRN	0020140125	Name	Carol J Smith
FRN	0020140224	Name	Russell Smith
Relationship	Parent/Child		

### Family Relationships

FRN	0020140125	Name	Carol J Smith
FRN	0020140216	Name	Denise DeBlieck
Relationship	Parent/Child		

# Family Relationships

FRN	0020140125	Name	Carol J Smith
FRN	0020140190	Name	Gwyn Schneider
Relationship	Parent/Child		

# Family Relationships

FRN	0020140125	Name	Carol J Smith
FRN	0020140166	Name	Walter Smith
Relationship	Parent/Child		

### Family Relationships

FRN	0020140125	Name	Carol J Smith
FRN	0020140158	Name	Angela Koplan
Relationship	Parent/Child		

# Family Relationships

FRN	0020140125	Name	Carol J Smith
FRN	0020140133	Name	Patricia Thurman
Relationship	Parent/Child		

### Family Relationships

FRN	0007122393	Name	Gregory J Smith
FRN	0020140224	Name	Russell Smith
Relationship	Parent/Child		

FRN	0007122393	Name	Gregory J Smith
-----	------------	------	-----------------

FRN	0020140216	Name	Denise DeBlieck
Relationship	Parent/Child		

### Family Relationships

FRN	0007122393	Name	Gregory J Smith
FRN	0020140190	Name	Gwyn Schneider
Relationship	Parent/Child		

# Family Relationships

FRN	0007122393	Name	Gregory J Smith
FRN	0020140166	Name	Walter Smith
Relationship	Parent/Child		

### Family Relationships

FRN	0007122393	Name	Gregory J Smith
FRN	0020140158	Name	Angela Koplan
Relationship	Parent/Child		

# Family Relationships

FRN	0007122393	Name	Gregory J Smith
FRN	0020140133	Name	Patricia Thurman
Relationship	Parent/Child		

### Family Relationships

FRN	0020140216	Name	Denise DeBlieck
FRN	0020140224	Name	Russell Smith
Relationship	Siblings		

# Family Relationships

FRN	0020140190	Name	Gwyn Schneider
FRN	0020140224	Name	Russell Smith
Relationship	Siblings		

## Family Relationships

FRN	0020140190	Name	Gwyn Schneider
FRN	0020140216	Name	Denise DeBlieck
Relationship	Siblings		

FRN	0007122393	Name	Gregory J Smith
FRN	0020140125	Name	Carol J Smith

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

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 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>Manager</b> Exact Legal Title or Name of Respondent: <b>37th</b> <b>Avenue Group LLC</b> Name: <b>Gregory J. Smith</b> Phone: <b>2067905405</b> 03/01/2018

No