Approved by OMB (Office of Management and Budget) 3060-0010
September 2019

Federal Communications Commission

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: **0000078370** | Submit Date: **2019-07-19** | FRN: **0005004916**

Purpose: **Commercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **07/19/2019**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0025004128	The Boley Descendants' Trust

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
134 Columbus Street	Charleston	SC	29403	+1 (843) 577-7111	jwaring@eveningpostindustries.com

2. Contact Representative

Name	Organization
Michael D. Basile	Cooley LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1299 Pennsylvania Avenue, NW Suite 700	Washington	DC	20004	+1 (202) 776-2556	mdbasile@cooley.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	10/01/2017 **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
KSBY Communications, LLC	0023677487

Fac. ID No.	Call Sign	City	State	Service
19654	KSBY	SAN LUIS OBISPO	CA	DTV

Licensee/Permittee Name	FRN
KPAX Communications, LLC	0023677594

Fac. ID No.	Call Sign	City	State	Service
35453	KAJJ-CD	KALISPELL	MT	DC
35455	KPAX-TV	MISSOULA	MT	DTV

Licensee/Permittee Name	FRN
KRIS Communications, LLC	0023833155

Fac. ID No.	Call Sign	City	State	Service
25559	KRIS-TV	CORPUS CHRISTI	TX	DTV
51373	K09YZ-D	BEEVILLE-REFUGIO	TX	DC
51374	K31KK-D	KINGSVILLE-ALICE	TX	DC
51375	K22JA-D	CORPUS CHRISTI	TX	DC

Licensee/Permittee Name	FRN
KATC Communications, LLC	0023677651

Fac. ID No.	Call Sign	City	State	Service
33471	KATC	LAFAYETTE	LA	DTV

Licensee/Permittee Name	FRN
KXLF Communications, LLC	0023677669

Fac. ID No.	Call Sign	City	State	Service
35959	KXLF-TV	BUTTE	MT	DTV

Licensee/Permittee Name	FRN
KVOA Communications, LLC	0023677644

Fac. ID No.	Call Sign	City	State	Service
25735	KVOA	TUCSON	AZ	DTV
168403	K04QP-D	CASAS ADOBES	AZ	DC

Licensee/Permittee Name	FRN

KRTV Communications, LLC	0023677727

Fac. ID No.	Call Sign	City	State	Service
5290	KTVH-DT	HELENA	MT	DTV
35567	KRTV	GREAT FALLS	MT	DTV
128063	KTGF-LD	GREAT FALLS	MT	LPD

Licensee/Permittee Name	FRN
KCTZ Communications, LLC	0023677479

Fac. ID No.	Call Sign	City	State	Service
33756	KBZK	BOZEMAN	MT	DTV

Licensee/Permittee Name	FRN
KTVQ Communications, LLC	0023677701

Fac. ID No.	Call Sign	City	State	Service
35694	KTVQ	BILLINGS	MT	DTV

Licensee/Permittee Name	FRN
Sangre de Cristo Communications, LLC	0023677735

Fac. ID No.	Call Sign	City	State	Service
59014	KOAA-TV	PUEBLO	CO	DTV
59021	K30JM-D	COLORADO SPRINGS	CO	LD

Licensee/Permittee Name	FRN
WLEX Communications, LLC	0023677719

Fac. ID No.	Call Sign	City	State	Service
73203	WLEX-TV	LEXINGTON	KY	DTV

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	0025004128		
Entity Name	The Boley Descendants' Trust		
Address	**PO Box**		
	Street 1	134 Columbus Street	
	Street 2		
	City	Charleston	
	State ("NA" if non-U.S. address)	SC	
	Zip/Postal Code	29403	
	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 or more broadcast stations that do not appear on this report?			Yes

Ownership Information		
FRN	0019264134	
Name	Pierre Manigault	
Address	**PO Box**	

	Street 1	134 Columbus Street	
	Street 2		
	City	Charleston	
	State ("NA" if non-U.S. address)	SC	
	Zip/Postal Code	29403	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Trustee		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	**Citizenship**	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	**Voting**	100.0%	**Jointly Held?** No
	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?			Yes

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

(c) Does the Respondent or any reported interest holder hold an attributable interest in any newspaper entities in the same market as any station for which this report is filed, as defined in 47 C.F.R. Section 73.3555? If "Yes," provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below. Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option. NOTE: Spreadsheets must be submitted in a special XML Spreadsheet format with the appropriate structure that is specified in the documentation. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), please Click Here. If using the subform, 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 newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i). If using an XML Spreadsheet, enter "NA" into the percentage of total assets (Equity Debt Plus) field	No

for an interest holder unless that interest holder has an attributable interest in the newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard. 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.	

(d) 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? If "Yes," provide the following information for each such the relationship.	No

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)? 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.	No

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 LICENSE --OR 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 Boley Descendants Trust** Name: **Pierre Manigault** Phone: **8439375777** 07/19/2019