

FRN

0017004193

Not Applicable

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

File Number:0000163468Submit Date:2021-10-12FRN:0027959758Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:Status:Status Date:10/25/2021Filing Status:Active

# **Section I - General Information**

TWO WAY COMMUNICATIONS, LLC

# 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
501 Fourth Street	Graham	тх	76450	+1 (888) 525- 1005	info@twowaytexas. com

# 2. Contact Representative

Name	Organization
Tim L. Walker	Two Way Communications, LLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
501 Fourth Street	Graham	тх	76450	+1 (888) 525-1005	info@twowaytexas.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 liability company		

# (b) Provide the following information about this report:

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Purpose	Biennial
"As of" date	10/01/2021
	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.

Licensee/Permittee Name	RN			
Positive Radio Network, LLC			0027959758	
Fac. ID No. Call Sign City			State	Service
198776	КСКВ	MORAN	тх	FM
198777	KBLY	NEWCASTLE	ТХ	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, 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

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.

FRN	0017004193	
Entity Name	TWO WAY COMMUNICATIONS, LLC	
Address	PO Box	
	Street 1	501 Fourth Street
	Street 2	
	City	Graham
	State ("NA" if non-U.S. address)	ТХ
	Zip/Postal Code	76450
	Country (if non-U.S. address)	United States

## Ownership Information

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	

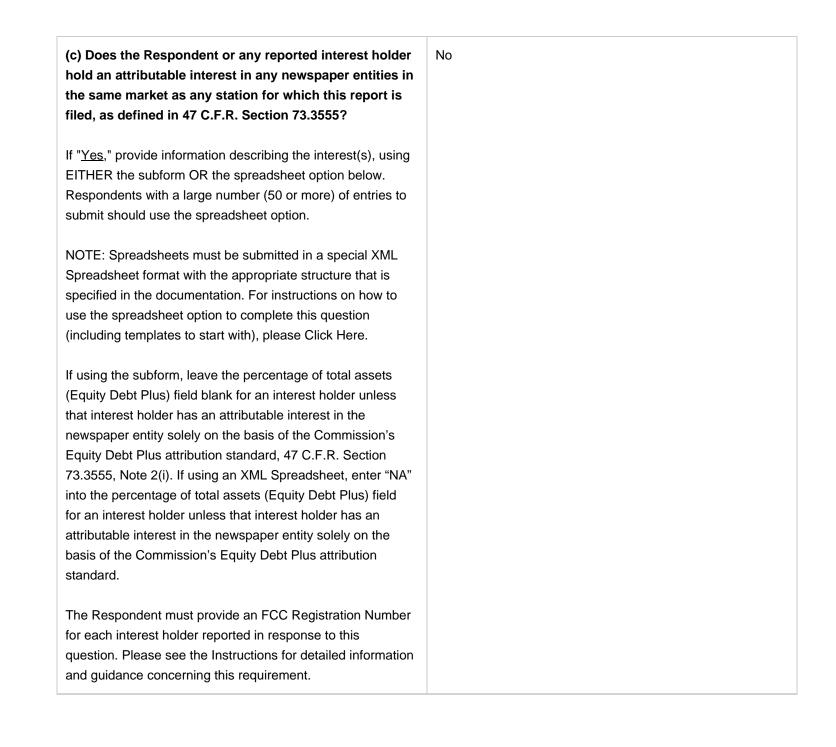
Ownership Information				
FRN	0007075930	0007075930		
Name	Timothy L. Walker			
Address	PO Box			
	Street 1	1522 Carolina Street		
	Street 2			
	City	Graham		
	State ("NA" if non-U.S. address)	ТХ		
	Zip/Postal Code	76450		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, 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	49.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	49.0%		
	Total assets (Equity Debt Plus)	49.0%		
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?				

**Ownership Information** 

FRN 0025561945

Name	Stacey Walker			
Address	PO Box			
	Street 1	1522 Carolina Street		
	Street 2			
	City	Graham		
	State ("NA" if non-U.S. address)	ТХ		
	Zip/Postal Code	76450		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, LC/LLC/PLLC Membe	Officer, 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	51.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	51.0%		
	Total assets (Equity Debt Plus)	51.0%		
	an attributable interest in one c report?	r more broadcast stations	No	
that do not appear on this				
(b) Respondent certifies th	at any interests, including equi	ty, financial, or voting	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.	



(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.

raminy Relationships			
FRN	0025561945	Name	Stacey Walker
FRN	0007075930	Name	Timothy L Walker
Relationship	Spouses		

(e) 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

Eamily Polationshing

Question

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>Two</b> <b>Way Communications, LLC</b> Name: <b>Timothy L Walker</b> Phone: <b>8885251005</b> 10/12/2021