



(REFERENCE COPY - Not for submission)

Noncommercial Broadcast Stations Biennial
Ownership Report (FCC Form 323-E)

File Number: 0000043193 | Submit Date: 2018-02-22 | FRN: 0010027639

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 02/22/2018

Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0010027639		KUTE, Inc.			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 737	Ignacio	CO	81137-0737	+1 (970) 563-0255	tamigraham11@gmail.com

2. Contact Representative

Name		Organization			
Ernest T. Sanchez		The Sanchez Law Firm PC			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1155 F Street NW Suite 1050	Washington	DC	20004	+1 (202) 237-2814	ernestsanchez2348@gmail.com

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:

Relationship to stations/permits	Licensee
Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity?	No

(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
KUTE, Inc.	0010027639

Fac. ID No.	Call Sign	City	State	Service
35816	KSUT	IGNACIO	CO	FM
35818	K287AA	PAGOSA SPRINGS, ETC.	CO	FX
35820	K287AC	FARMINGTON	NM	FX
35821	DK208BG	DURANGO	CO	FX
43622	K261CM	CORTEZ	CO	FX
53816	K216GF	SILVERTON	CO	FX
58430	K220DZ	DOLORES	CO	FX
82446	KUTE	IGNACIO	CO	FM
91346	KUUT	FARMINGTON	NM	FM
93294	KDNG	DURANGO	CO	FM
123206	KPGS	PAGOSA SPRINGS	CO	FM
124178	KUSW	FLORA VISTA	NM	FM
172922	KYOL	CHAMA	NM	FM
175526	KDNM	RESERVE	NM	FM
183360	KZNM	MILAN	NM	FM

Section II – Biennial Ownership Information

1. 47 C.F.R.
Section 73.3613
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. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select “Other.” Non-Licensee 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	KUTE, Inc., and State of Colorado
Date of execution	05/1975
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Corporate governance document

Document Information	
Description of contract or instrument	Bylaws, Restated
Parties to contract or instrument	KUTE, Inc., and State of Colorado
Date of execution	08/2010
Date of expiration	No expiration date

Agreement type (check all that apply)	Other Agreement Type: Corporate governance document
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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, members of the governing board (or other governing entity), stockholders, 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	0010027639	
Entity Name	KUTE, Inc.	
Address	PO Box	737
	Street 1	
	Street 2	
	City	Ignacio
	State ("NA" if non-U.S. address)	CO
	Zip/Postal Code	81137-0737
	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%
	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	9990126212		
Name	Julie Bisbee		
Address	PO Box	737	
	Street 1		
	Street 2		
	City	Ignacio	
	State ("NA" if non-U.S. address)	CO	
	Zip/Postal Code	81137-0737	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Medical healthcare provider		
By Whom Appointed or Elected	Appointed by the Board		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information			
FRN	9990126220		
Name	Dan Ford		
Address	PO Box	737	
	Street 1		
	Street 2		
	City	Ignacio	
	State ("NA" if non-U.S. address)	CO	
	Zip/Postal Code	81137-0737	
	Country (if non-U.S. address)	United States	

Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Retired Bank officer		
By Whom Appointed or Elected	Appointed by the Board		
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	20.0%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information		
FRN	9990126222	
Name	Tami Graham	
Address	PO Box	737
	Street 1	
	Street 2	
	City	Ignacio
	State ("NA" if non-U.S. address)	CO
	Zip/Postal Code	81137-0737
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Executive director of KUTE, Inc.	
By Whom Appointed or Elected	Appointed by the Board	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information			
FRN	9990126223		
Name	Susan Kearns		
Address	PO Box	737	
	Street 1		
	Street 2		
	City	Ignacio	
	State ("NA" if non-U.S. address)	CO	
	Zip/Postal Code	81137-0737	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Marketing communications at Great Old Broads for Wilderness		
By Whom Appointed or Elected	Appointed by the Board		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information		
FRN	9990126228	
Name	Robert L. Ortiz	
Address	PO Box	737

	Street 1	
	Street 2	
	City	Ignacio
	State ("NA" if non-U.S. address)	CO
	Zip/Postal Code	81137-0737
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Design and layout for tribal newspaper	
By Whom Appointed or Elected	Appointed by the Board	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	American Indian or Alaska Native
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990126232	
Name	Debra Quayle	
Address	PO Box	737
	Street 1	
	Street 2	
	City	Ignacio
	State ("NA" if non-U.S. address)	CO
	Zip/Postal Code	81137-0737
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	

Principal Profession or Occupation	Health professional	
By Whom Appointed or Elected	Appointed by the Board	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
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 voting interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.	Yes
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(c) 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
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3. Organizational Chart (Licensees Only)

Attach a flowchart or similar document showing the Licensee’s vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

Non-Licensee Respondents should select “N/A” in response to this question.

EXHIBIT: Licensee KUTE, Inc., does not have a parent entity.

Section III - Certification

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: Board President Exact Legal Title or Name of Respondent: KUTE, Inc. Name: Susan Kearns Phone: 9705630255 02/22/2018
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