

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0018648055 F	ile Number: 0000127711	Submit Date: 11/30/2	Call Sign: KRSQ	Facility ID: 4992 City:
LAUREL State: MT				
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 11/30/2020	Filing Status: Active

General Information	Section	Question	Response
	Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
BMG BILLINGS, LLC Doing Business As: BMG BILLINGS, LLC	Pete Benedetti 182 Avon Road Ste 240 Avon, CO 81620 United States	+1 (425) 466- 4628	pete. benedetti@benedettimedia. com	LLC

Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
	Matt Knoche Radio-Billings, LLC	10TH FLOOR, GRANITE TOWER 222 N. 32ND STREET BILLINGS, MT 59101 United States	+1 (406) 238- 1000	matt@radiobillings.com	Technical Representative
	NINA SHAFRAN DOW, LOHNES & ALBERTSON, PLLC	1200 New Hampshire Avenue NW Washington, DC 20036 United States	+1 (202) 776- 2000	NSHAFRAN@DLALAW. COM	Legal Representative

Common	
Stations	

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
4992	KRSQ	LAUREL	MT	Yes
76918	KYSX	BILLINGS	MT	Yes
50356	KEWF	BILLINGS	MT	Yes
78211	KRPM	BILLINGS	MT	Yes

Section

Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No	
Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	Yes	

Certification

Question

Response

McCoy

The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F. R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	11/30 /2020
Certified Title	PD
Authorized Party Name	Kyle

Attachments

No Attachments.