

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3040-0010 (June 2014)	FOR FCC USE ONLY
FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS		FOR COMMISSION USE ONLY FILE NO. -20151123CJN

Section I - General Information

1. Legal Name of the Respondent TYLER MEDIA L.L.C.				
Street Address (1) 5101 S. SHIELDS BLVD.				
Street Address (2)				
City OKLAHOMA CITY		State or Country (if foreign address) OK		ZIP Code 73129 -
Telephone Number (include area code) 4054295500		E-Mail Address (if available) ROBERT.D@TYLBRMEDIA.COM		
FCC Registration Number: 0021905690		Call Sign KIBC	Facility ID Number 6747	
2. Contact Representative JOHN C. TRENT, ESQ.				
Firm or Company Name C/O PUTBRESB HUNSAKER & TRENT, P.C.				
Street Address (1) 200 SOUTH CHURCH STREET				
Street Address (2)				
City WOODSTOCK		State or Country (if foreign address) VA		ZIP Code 22664 -
Telephone Number (include area code) 5404597646		E-Mail Address (if available) FCCMANJ@SHENTBL.NET		
3. Nature of Respondent (See instructions for definitions) <input checked="" type="radio"/> Licensee <input type="radio"/> Permittee <input type="radio"/> Entity with an attributable interest				
4. If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input type="radio"/> Fee-exempt Report <input type="radio"/> Other Other <input checked="" type="radio"/> N/A (Fees Required)				
5. All of the information furnished in this Report is accurate as of 10/01/2015 (Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)				
6. Purpose: This Report is filed for: (choose one)				
a. <input checked="" type="radio"/> Biennial				
b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)				
c. <input type="radio"/> Transfer of Control or Assignment of License/Permit				
d. <input type="radio"/> Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station.				
e. <input type="radio"/> Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)				
f. <input type="radio"/> Amendment to a previously filed Ownership Report				
If an Amendment, submit as an Exhibit a listing by Section and Question Number the portions of the previous Report that are being revised.				File Number: - [Exhibit 1]
7. Licensee and Station Information. The stations listed below are all licensed to the following person or entity:				
Licensee Name TYLER MEDIA L.L.C.		Licensee's FCC Registration Number (FRN) 0021905690		
Station List				
This Report is filed for the following stations:				
Copy	Call Sign	Facility ID	Location (City/State)	Class of service

		Number		
1.	KOMA	72469	OKLAHOMA CITY, OKLAHOMA	FM Station
2.	KRXO-FM	16851	OKLAHOMA CITY, OKLAHOMA	FM Station
3.	KMOL	55708	OKLAHOMA CITY, OKLAHOMA	FM Station
4.	KOKC	73981	OKLAHOMA CITY, OKLAHOMA	AM Station
5.	KBBC	6747	DEL CITY, OKLAHOMA	AM Station
6.	KYUZ-TV	77480	SHAWNEE, OKLAHOMA	Television
7.	KUOK	86532	WOODWARD, OKLAHOMA	Television

8. Respondent is:

Sole Proprietorship Not-for-profit corporation Limited partnership
 For-profit corporation General partnership Other
 If "Other," describe nature of the Respondent in an Exhibit. [Exhibit 2]

Section II-B - Biennial Ownership Information

1. Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, or Respondents with a majority interest in or that otherwise exercise de facto control over the subject Licensee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/JSA or network affiliation agreements.
 Not Applicable

Contract Information					
Copy	Description of contract or instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration	Agreement Type (check all that apply)
1.	ARTICLES OF ORGANIZATION	STATE OF OKLAHOMA	Month JULY Year 2012	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
2.	OPERATING AGREEMENT	MEMBERS	Month JULY Year 2012	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other

2. Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises de facto control over the subject Licensee shall respond.)
 Not Applicable
 (Enter Capitalization Information)

3. (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, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A "direct" interest is one that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee for which the Report is being submitted.
 List each person or entity with a direct attributable interest in the Respondent separately. 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 separate reports for persons or entities that do not have an attributable interest in the Licensee for which the report is being submitted.

Ownership Interests Information

Copy 1.	
Name	TYLER MEDIA L.L.C.
Address	Street 5101 S. SHIELDS BLVD. City/State OKLAHOMA CITY, OKLAHOMA Postal/ZIP Code 73129 - Country (if not U.S.)
Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): LICENSEE
FCC Registration Number	0021905690
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity)
	Gender <input type="radio"/> Male <input type="radio"/> Female
	Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino
	Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
	Citizenship
Percentage of votes	0.0 %
Percentage of equity	0.0 %
Percentage of total assets (equity debt plus)	0.0 %
Copy 2.	
Name	TY A. TYLER
Address	Street 5101 S. SHIELDS BLVD. City/State OKLAHOMA CITY, OKLAHOMA Postal/ZIP Code 73129 - Country (if not U.S.)
Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest

Positional Interest (Check all that apply)	<input type="radio"/> Entity with attributable interest <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0019385897
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) Gender <input checked="" type="radio"/> Male <input type="radio"/> Female Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White Citizenship US
Percentage of votes	0 %
Percentage of equity	0 %
Percentage of total assets (equity debt plus)	0 %
Copy 3.	Name TONY J. TYLER
Address	Street 5101 S. SHIELDS BLVD. City/State OKLAHOMA CITY, OKLAHOMA Postal/ZIP Code 73129 - Country (if not U.S.)
Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	(Blank)

		0019385921
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)	
	Gender <input checked="" type="radio"/> Male <input type="radio"/> Female	
	Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino	
	Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White	
	Citizenship US	
Percentage of votes	0 %	
Percentage of equity	0 %	
Percentage of total assets (equity debt plus)	0 %	
Copy 4.	Name	TAT HOLDING LLC
	Address	Street 5101 S. SHIELDS BLVD. City/State OKLAHOMA CITY , OKLAHOMA Postal/ZIP Code 73129 - Country (if not U.S.)
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensees) <input type="radio"/> Person with attributable interest <input checked="" type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0025080151
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity)	
	Gender <input type="radio"/> Male <input type="radio"/> Female	
	Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino	
	Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	

	Percentage of votes	50 %	Citizenship
	Percentage of equity	50 %	
	Percentage of total assets (equity debt plus)	50 %	
Copy 5.	Name	TYLER FAMILY LLC	
	Address	Street 3101 S. SHIBLDS BLVD. City/State OKLAHOMA CITY, OKLAHOMA Postal/ZIP Code 73129 - Country (if not U.S.)	
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input checked="" type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	0025080169	
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) Gender <input type="radio"/> Male <input type="radio"/> Female Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White Citizenship	
	Percentage of votes	50 %	
	Percentage of equity	50 %	
	Percentage of total assets (equity debt plus)	50 %	

(b.)	Respondent certifies that any equity and financial interests not reported in response to Question 3(a) are non-attributable. If "No," submit as an Exhibit an explanation.	<input checked="" type="radio"/> Yes <input type="radio"/> No [Exhibit 3]
(c.)	Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in	<input type="radio"/> Yes <input checked="" type="radio"/> No

any other broadcast station, or in any newspaper entities in the same market, 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 for the applicable type of interest (broadcast or newspaper). 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](#).

Broadcast Interest Information								
Copy	Name of Interest Holder	Call Sign	Community of license	Facility ID Number	Percentage of Votes	Percentage of Equity	Percentage of total assets (EDP)	Positional Interest (Check all that apply)
1.	TY A. TYLER	KJKB	City NEW CASTLE State OKLAHOMA	50168	49.0 %	49.0 %	49.0 %	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
2.	TY A. TYLER	KTUZ-FM	City OKARCHE State OKLAHOMA	14762	49.0 %	49.0 %	49.0 %	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
3.	TONY J. TYLER	KJKB	City NEW CASTLE State OKLAHOMA	50168	49.0 %	49.0 %	49.0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
4.	TONY J. TYLER	KTUZ-FM	City OKARCHE State OKLAHOMA	14762	49.0 %	49.0 %	49.0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):

[Newspaper Interests Subform]

(d.)

Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings?
 If "Yes", complete the information describing the relationship.

Yes No

Familial Relationships				
Copy	Name	Parent/ Child	Spouse	Siblings
1.	TY A. TYLER AND TONY J. TYLER	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

(e.)	Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee? 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. [Enter Attribution Exemption Information]	<input type="radio"/> Yes <input checked="" type="radio"/> No
4.	Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of all entities in which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest in the Licensee of the stations associated with the Report. Licensees should select "N/A" in response to this question. For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that the FRN information is consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure such consistency. [Enter Respondent Interests Held Information]	<input type="checkbox"/> N/A
5.	Organizational Chart. LICENSEES ONLY: Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all persons/entities that have attributable interests in the Licensee. Non-Licensee Respondants should select "N/A" in response to this question.	<input type="checkbox"/> N/A [Exhibit 5]

SECTION III - CERTIFICATION

I certify that I am **MANAGER**

(Official Title)

of **TYLER MEDIA L.L.C.**

(Exact legal title or name of Respondent)

and 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.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

Signature TY A. TYLER	Date 11/23/2015
Telephone Number of Respondent (Include area code) 4054295500	

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 303).

Exhibits

Exhibit 2
Description: **ENTITY TYPE**

TYLER MEDIA L.L.C. IS AN OKLAHOMA LIMITED LIABILITY COMPANY.

Exhibit 5
Description: **ORGANIZATIONAL STRUCTURE**

11/23/2016

CDBS Form 323

THE LICENSEE IS WHOLLY CONTROLLED BY TY A TYLER AND TONY J. TYLER.

Agency Tracking ID:PGC2764874 Authorization Number:09311G Successful Authorization -- Date Paid: 11/23/15 FILE COPY ONLY!!

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING (1) LOCKBOX #979089	FEDERAL COMMUNICATIONS COMMISSION REMITTANCE ADVICE FORM 159 PAGE NO 1 OF 3	APPROVED BY OMB 3060-059 SPECIAL USE FCC USE ONLY
SECTION A - Payer Information		
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) Tyler Media L.L.C.		(3) TOTAL AMOUNT PAID (dollars and cents) \$585.00
(4) STREET ADDRESS LINE NO. 1 200 South Church Street		
(5) STREET ADDRESS LINE NO. 2		
(6) CITY Woodstock	(7) STATE VA	(8) ZIP CODE 22664
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 540-4597646		(10) COUNTRY CODE (IF NOT IN U.S.A.) US
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(11) PAYER (FRN) 0021905690		(12) FCC USE ONLY
IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)		
(13) APPLICANT NAME TYLER MEDIA L.L.C.		
(14) STREET ADDRESS LINE NO. 1 5101 S. SHIELDS BLVD.		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY OKLAHOMA CITY	(17) STATE OK	(18) ZIP CODE 73129-
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 4054295500		(20) COUNTRY CODE (IF NOT IN U.S.A.) USA
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(21) APPLICANT (FRN) 0021905690		(22) FCC USE ONLY
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET		
(23A) FCC Call Sign/Other ID KEBC	(24A) Payment Type Code(PTC) MAR	(25A) Quantity 1
(26A) Fee Due for (PTC) \$65.00	(27A) Total Fee \$65.00	FCC Use Only
(28A) FCC CODE 1 6747	(29A) FCC CODE 2 CDBS20151123CJN	
(23B) FCC Call Sign/Other ID KMGL	(24B) Payment Type Code(PTC) MAR	(25B) Quantity 1
(26B) Fee Due for (PTC)	(27B) Total Fee	FCC Use Only

\$65.00	\$65.00
(28B) FCC CODE 1 55708	(29B) FCC CODE 2 CDBS20151123CJQ

REMITTANCE ADVICE (Continuation Sheet) FEDERAL COMMUNICATIONS COMMISSION FORM 159-C PAGE NO 2 OF 3	APPROVED BY OMB 3060-058
	SPECIAL USE
	FCC USE ONLY

**USE THIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT
SECTION BB - ADDITIONAL APPLICANT INFORMATION**

(13) APPLICANT NAME TYLER MEDIA L.L.C.		
(14) STREET ADDRESS LINE NO. 1 5101 S. SHIELDS BLVD.		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY OKLAHOMA CITY	(17) STATE OK	(18) ZIP CODE 73129-
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 4054295500	(20) COUNTRY CODE (IF NOT IN U.S.A.) USA	

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(21) APPLICANT (FRN) 0021905690	(22) FCC USE ONLY
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COMPLETE SECTION C FOR EACH SERVICE. IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) FCC Call Sign/Other ID KOKC	(24A) Payment Type Code(PTC) MAR	(25A) Quantity 1
(26A) Fee Due for (PTC) \$65.00	(27A) Total Fee \$65.00	FCC Use Only
(28A) FCC CODE 1 73981	(29A) FCC CODE 2 CDBS20151123CJR	

(23B) FCC Call Sign/Other ID KOMA	(24B) Payment Type Code(PTC) MAR	(25B) Quantity 1
(26B) Fee Due for (PTC) \$65.00	(27B) Total Fee \$65.00	FCC Use Only
(28B) FCC CODE 1 72469	(29B) FCC CODE 2 CDBS20151123CJO	

(23C) FCC Call Sign/Other ID KRXO	(24C) Payment Type Code(PTC) MAR	(25C) Quantity 1
(26C) Fee Due for (PTC) \$65.00	(27C) Total Fee \$65.00	FCC Use Only
(28C) FCC CODE 1 50215	(29C) FCC CODE 2 CDBS20151123CJX	

(23D) FCC Call Sign/Other ID KTUZ	(24D) Payment Type Code(PTC) MAR	(25D) Quantity 1
(26D) Fee Due for (PTC) \$65.00	(27D) Total Fee \$65.00	FCC Use Only
(28D) FCC CODE 1 59978	(29D) FCC CODE 2 CDBS20151123CJY	

(23E) FCC Call Sign/Other ID KUOK	(24E) Payment Type Code(PTC) MAT	(25E) Quantity 1
(26E) Fee Due for (PTC) \$65.00	(27E) Total Fee \$65.00	FCC Use Only
(28E) FCC CODE 1 86532	(29E) FCC CODE 2 CDBS20151123CJT	

(23F) FCC Call Sign/Other ID KRXO-FM	(24F) Payment Type Code(PTC) MAR	(25F) Quantity 1
(26F) Fee Due for (PTC) \$65.00	(27F) Total Fee \$65.00	FCC Use Only
(28F) FCC CODE 1 16851	(29F) FCC CODE 2 CDBS20151123CJP	

FCC FORM 159-C February 2003

REMITTANCE ADVICE (Continuation Sheet) FEDERAL COMMUNICATIONS COMMISSION FORM 159-C PAGE NO 3 OF 3	APPROVED BY OMB 3060-058
	SPECIAL USE
	FCC USE ONLY

USE THIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT
SECTION BB - ADDITIONAL APPLICANT INFORMATION

(13) APPLICANT NAME TYLER MEDIA L.L.C.		
(14) STREET ADDRESS LINE NO. 1 5101 S. SHIELDS BLVD.		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY OKLAHOMA CITY	(17) STATE OK	(18) ZIP CODE 73129-
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 4054295500	(20) COUNTRY CODE (IF NOT IN U.S.A.) USA	

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(21) APPLICANT (FRN) 0021905690	(22) FCC USE ONLY
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COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) FCC Call Sign/Other ID KTUZ-TV	(24A) Payment Type Code(PTC) MAT	(25A) Quantity 1
(26A) Fee Due for (PTC) \$65.00	(27A) Total Fee \$65.00	FCC Use Only
(28A) FCC CODE 1 77480	(29A) FCC CODE 2 CDBS20151123CJS	

(23B) FCC Call Sign/Other ID	(24B) Payment Type Code(PTC)	(25B) Quantity
(26B) Fee Due for (PTC)	(27B) Total Fee	FCC Use Only
(28B) FCC CODE 1	(29B) FCC CODE 2	

(23C) FCC Call Sign/Other ID	(24C) Payment Type Code(PTC)	(25C) Quantity
(26C) Fee Due for (PTC)	(27C) Total Fee	FCC Use Only
(28C) FCC CODE 1	(29C) FCC CODE 2	

(23D) FCC Call Sign/Other ID	(24D) Payment Type Code(PTC)	(25D) Quantity
(26D) Fee Due for (PTC)	(27D) Total Fee	FCC Use Only
(28D) FCC CODE 1	(29D) FCC CODE 2	

(23E) FCC Call Sign/Other ID	(24E) Payment Type Code(PTC)	(25E) Quantity
(26E) Fee Due for (PTC)	(27E) Total Fee	FCC Use Only

(28B) FCC CODE 1		(29B) FCC CODE 2	
(23F) FCC Call Sign/Other ID	(24F) Payment Type Code(PTC)	(25F) Quantity	
(26F) Fee Due for (PTC)	(27F) Total Fee	FCC Use Only	
(28F) FCC CODE 1		(29F) FCC CODE 2	

FCC FORM 159-C February 2003(REVISED)



Online Payment

Step 3: Confirm Payment

1 | 2 | 3

**Thank you.
Your transaction has been successfully completed.**

Pay.gov Tracking Information

Application Name: Remittance Advice

Pay.gov Tracking ID: 26OHV4S7

Agency Tracking ID: PGC2784874

Transaction Date and Time: 11/23/2015 17:33 EST

Payment Summary

Address Information

Account Holder Name: Robert P. Denegri

5101 S. Shields

Billing Address: Blvd.

Billing Address 2:

City: Oklahoma City

State / Province: OK

Zip / Postal Code: 73129

Country: USA

Account Information

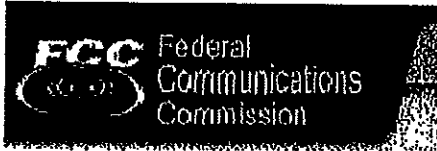
Card Type: Visa

Card Number: ***2445**

Payment Information

Payment Amount: \$585.00

**Transaction Date 11/23/2015 17:33
and Time: EST**



Electronic Form 159

Payment Confirmation

Your transaction has been approved. For your records, please note the following:

AGENCY TRACKING ID:	PGC2764874
AUTHORIZATION NUMBER :	09311G
AMOUNT PAID :	\$585.00

PRINT FORM 159

PDF

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If you have any questions or concerns please contact your licensing system help desk.

11/23/2016

Application Filing Results

FCC MB - CDBS Electronic Filing