2/14/2018 Online Payment



## **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: 267PE870 Agency Tracking ID: PGC3057100

Transaction Date and Time: 02/14/2018 10:38 EST

**Payment Summary** 

Address Information	Account Information	Payment Information
Account Holder Lee Family	Credit Card Type: Visa	Payment Amount: \$490.00
Name: Broadcasting, Inc.	Credit Card Number: *********0960	<b>Transaction Date and </b> 02/14/2018 10:38
Billing Address: 47 North 100 West		Time: EST
Billing Address		
2:		
City: Jerome		
State/Province: ID		
ZIP/Postal Code: 83338		
Country: USA		





### Licensing and Management System

FRN: 0018142596 | Search (/dataentry/public/tv/... Log Out (/dataentry/j\_spring\_security\_logout)

Applications (/dataentry/secure/applications.html)

Authorizations (/dataentry/secure/authorizations.html)

Facilities (/dataentry/secure/facilities.html)

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

FAQ (/dataentry/api/download/faq)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

## **Application Submitted**

#### **Application Submitted**

**Download Reference Copy** 

(../../api/download/draftcopy/323/25076f916097f7ff016098812ee20101)

#### Your application has been submitted for processing.

- Use the assigned File Number: 0000042098 when referencing this application in the future.
- The progress of this application can be tracked on the **Pending Applications (../applications.html)** page.

#### **General Information**

#### **Respondent Information**

Application Purpose: Commercial Broadcast

Stations Biennial Ownership

Lee Family Broadcasting, Inc.

Report

Address: 47 North 100 West

Filing Type: **Biennial** 

Jerome, ID 83338

Filing Information:

Licensee

"As Of" Filing Date:

10/01/2017

Phone:

+1 (208) 436-4757

Status:

Submitted

Email:

Name:

jamilee@leeradio.net

Date Submitted: 02/14/2018

#### **Fees**

Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
Biennial	Form 323	MAR	7	70	\$490.00

\$490.00 Total

Pav Fees

**View Submitted Applications** 

Technical problems or trouble accessing the system? Submit Help Request (https://esupport.fcc.gov/request.htm) or Contact (877) 480-3201 TTY: (717) 338-2824

Federal Communications Commission

445 12th Street SW

Washington, DC 20554

Phone: 1-888-225-5322 TTY: 1-888-835-5322 Fax: 1-866-418-0232

Contact Us (http://www.fcc.gov/contact-us)

RSS (http://www.fcc.gov/rss)

**Privacy Policy** 

(http://www.fcc.gov/encyclopedia/privacy-

policy)

Moderation Policy

(http://www.fcc.gov/comment-policy)

Website Policies & Notices

(http://www.fcc.gov/encyclopedia/website-

notices)

Required Browser & Plug-ins (http://www.fcc.gov/encyclopedia/requiredFOIA (http://www.fcc.gov/foia)

No Fear Act Data

(http://www.fcc.gov/encyclopedia/no-fear-

Open Government Directive (http://www.fcc.gov/open)

Plain Writing Act

(http://www.fcc.gov/encyclopedia/plain-

writing-fcc)

2009 Recovery and Reinvestment Act (http://www.fcc.gov/encyclopedia/american-



(REFERENCE COPY - Not for submission)

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

File Number: **0000042098** Submit Date: **2018-02-14** FRN: **0018142596** 

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Submitted Status Date: 02/14/2018

Filing Status: Active

## **Section I - General Information**

## 1. Respondent

FRN	Entity Name
0018142596	Lee Family Broadcasting, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
47 North 100 West	Jerome	ID	83338	+1 (208) 436- 4757	jamilee@leeradio.

## 2. Contact Representative

Name	Organization
M. Scott Johnson	Fletcher, Heald & Hildreth, PLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 North 17th Street 11th Floor	Arlington	VA	22209	+1 (703) 812-0474	sjohnson@fhhlaw.com

## 3. Application Filing Fee

Question	Response
Is this application being submitted without a filing fee?	No

## **Fees**

Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
Biennial	Form 323	MAR	7	70	\$490.00
				Total	\$490.00

## 4. Nature of Respondent

# (a) Provide the following information about the Respondent: Relationship to stations/permits Licensee Nature of Respondent For-profit corporation

(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
Lee Family Broadcasting, Inc.	0018142596

Fac. ID No.	Call Sign	City	State	Service
28218	KXTA-FM	GOODING	ID	FM
33445	KART	JEROME	ID	AM
33446	KEDJ	JEROME	ID	FM
42884	KBAR	BURLEY	ID	AM
42885	KZDX	BURLEY	ID	FM
67743	КХТА	RUPERT	ID	AM
67744	KKMV	RUPERT	ID	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 required to be filed pursuant to 47 C.F.R. Section 73.3613 for the facility or facilities listed on this report. If the agreement is an attributable Local Marketing Agreement (LMA), an attributable Joint Sales Agreement (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.

## **Document Information**

Description of contract or instrument	Articles of Incorporation
Parties to contract or instrument	State of Idaho
Date of execution	05/2008
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Internal Corporate Document

## 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	0018142596			
Entity Name	Lee Family Broadcasting, Inc.			
Address	PO Box			
	Street 1	47 North 100 West	47 North 100 West	
	Street 2			
	City	Jerome		
	State ("NA" if non-U.S. address)	ID		
	Zip/Postal Code	83338		
	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 Plus)	<b>Debt</b> 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	2130001999		
Name	Jami L. Lee		
Address	PO Box	x	
	Street 1	47 North 100 West	
	Street 2		
	City	Jerome	
	State ("NA" if non-U.S. address)	ID	
	Zip/Postal Code	83338	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder		
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 from 0.0 to 100.0)	Voting	50.0%	Jointly Held? No
	Equity	50.0%	
	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	2130001981	
Name	Kim A. Lee	
Address	РО Вох	
	Street 1	47 North 100 West
	Street 2	
	City	Jerome
	State ("NA" if non-U.S. address)	ID

	Zip/Postal Code	83338	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder		
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	50.0%	Jointly Held? No
	Equity	50.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one or report?	or more broadcast stations	No

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

(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 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.

No

(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?

Yes

If "Yes," provide the following information for each such the relationship.

Family Relationships			
FRN	2130001999	Name	Jami L Lee
FRN	2130001981	Name	Kim A Lee
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.

# 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.

The licensee 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 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>Lee Family Broadcasting, Inc.</b> Name: <b>Kim A. Lee</b> Phone: <b>2087332974</b>