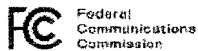


# Agency Tracking ID:PGC3029990 Authorization Number:007146 Successful Authorization -- Date Paid: 12/7/17 FILE COPY ONLY!!

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING  (1) LOCKBOX #979089	FEDERAL COMMUNICATIONS COMMISSION <b>REMITTANCE ADVICE</b> FORM 159 PAGE NO 1 OF 1	APPROVED BY OMB 3060-059 SPECIAL USE FCC USE ONLY
<b>SECTION A - Payer Information</b>		
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) <b>Impact Radio, Inc.</b>		(3) TOTAL AMOUNT PAID (dollars and cents) <b>\$70.00</b>
(4) STREET ADDRESS LINE NO. 1 <b>5028 Wisconsin Avenue, N.W.</b>		
(5) STREET ADDRESS LINE NO. 2 <b>Suite 301</b>		
(6) CITY <b>Washington</b>	(7) STATE <b>DC</b>	(8) ZIP CODE <b>20016</b>
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>202-3634559</b>		(10) COUNTRY CODE (IF NOT IN U.S.A.) <b>US</b>
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>		
(11) PAYER (FRN) <b>0016134660</b>	(12) FCC USE ONLY	
<b>IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)</b>		
(13) APPLICANT NAME <b>Impact Radio, Inc.</b>		
(14) STREET ADDRESS LINE NO. 1 <b>5028 Wisconsin Avenue, N.W.</b>		
(15) STREET ADDRESS LINE NO. 2 <b>Suite 301</b>		
(16) CITY <b>Washington</b>	(17) STATE <b>DC</b>	(18) ZIP CODE <b>20016</b>
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>202 - 3634559</b>		(20) COUNTRY CODE (IF NOT IN U.S.A.) <b>US</b>
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>		
(21) APPLICANT (FRN) <b>0016134660</b>	(22) FCC USE ONLY	
<b>COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET</b>		
(23A) FCC Call Sign/Other ID	(24A) Payment Type Code(PTC) <b>MAR</b>	(25A) Quantity <b>1</b>
(26A) Fee Due for (PTC) <b>\$70.00</b>	(27A) Total Fee <b>\$70.00</b>	FCC Use Only
(28A) FCC CODE 1 <b>705724</b>	(29A) FCC CODE 2 <b>LMS0000036108</b>	
(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	



(REFERENCE COPY - Not for submission)

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

File Number: **0000036108** | Submit Date: **2017-12-07** | FRN: **0016134660**

Purpose: **Commercial Broadcast Stations Biennial Ownership Report** | Status: **Submitted** | Status Date: **12/07/2017**  
Filing Status: **Active**

## Section I - General Information

### 1. Respondent

FRN	Entity Name				
0016134660	Impact Radio, Inc.				
Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
5028 Wisconsin Avenue, N.W. Suite 301	Washington	DC	20016	+1 (202) 363-4559	abelendiuk@fccworld.com

### 2. Contact Representative

Name	Organization				
Arthur V. Belendiuk, Esq.	Smithwick & Belendiuk, P.C.				
Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
5028 Wisconsin Avenue, N.W. Suite 301	Washington	DC	20016	+1 (202) 363-4559	abelendiuk@fccworld.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	1	70	\$70.00
<b>Total</b>					<b>\$70.00</b>

**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
Impact Radio, Inc.	0016134660

Fac. ID No.	Call Sign	City	State	Service
166037	WTNN	BRISTOL	VT	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: Shareholders

Date of execution: 03/2006

Date of expiration: No expiration date

Agreement type (check all that apply): Other  
**Agreement Type: Articles of Incorporation**

Document Information	
Description of contract or instrument	Certificate of Incorporation
Parties to contract or instrument	State of Vermont
Date of execution	03/2006
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type: Certificate of Incorporation</b>

## 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	0016134660		
Entity Name	Impact Radio, Inc.		
Address	PO Box		
	Street 1	5028 Wisconsin Avenue, N.W.	
	Street 2	Suite 301	
	City	Washington	
	State ("NA" if non-U.S. address)	DC	
	Zip/Postal Code	20016	
	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 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 0019298546

Name Arthur V. Belendluk, Esq.

Address  
PO Box  
Street 1 5028 Wisconsin Avenue, N.W.  
Street 2 Suite 301  
City Washington  
State ("NA" if non-U.S. address) DC  
Zip/Postal Code 20016  
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) 50.0%

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report? No

**Ownership Information**

FRN 0019921766

Name John J. Fuller

Address  
PO Box  
Street 1 42 Watrous Point Road  
Street 2  
City Old Saybrook

	State ("NA" if non-U.S. address)	CT	
	Zip/Postal Code	06475	
	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)	50.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report? <input type="checkbox"/> Yes			
(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. <input type="checkbox"/> Yes			
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?** No

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.

**(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?** No

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

**(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.

Information not provided.

### Section III - Certification

#### Certification

Section	Question	Response
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**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: **President**

Exact Legal Title or Name of Respondent:

**Impact Radio, Inc.**

Name: **Arthur V. Belenduk , Esq..**

Phone: **2023634559**

12/07/2017