

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (October 2009)	FOR FCC USE ONLY
FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS		FOR COMMISSION USE ONLY FILE NO.

Section I - General Information

1.	Legal Name of the Respondent SECOND GENERATION OF IOWA LTD		
	Street Address (1) 3029 PROSPECT STREET		
	Street Address (2)		
	City CLEVELAND	State or Country (if foreign address) OH	ZIP Code 44115 -
	Telephone Number (include area code) 2163611000	E-Mail Address (if available) TJE@SECONDGEN.NET	
	FCC Registration Number: 0003742939	Call Sign KFXA	Facility ID Number 35336
2.	Contact Representative DAVID TILLOTSON		
	Firm or Company Name LAW OFFICE OF DAVID TILLOTSON		
	Street Address (1) 4606 CHARLESTON TERRACE, N.W.		
	Street Address (2)		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20007 - 1911
	Telephone Number (include area code) 2026256241	E-Mail Address (if available) DTLAW@STARPOWER.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 checked="" type="radio"/> Other <input type="radio"/> Other <input type="radio"/> N/A (Fee Required)		
5.	All of the information furnished in this Report is accurate as of 10/01/2011 <i>(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.)</i>		
6.	Purpose: This Report is filed for: (choose one)		
	a. <input type="radio"/> Biennial		
	b. <input checked="" 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 checked="" type="radio"/> Amendment to a previously filed Ownership Report	File Number: BOA-20120210ABW										
If an Amendment, submit as an Exhibit a listing by Section and Question Number the portions of the previous Report that are being revised.											
[Exhibit 1]											
7.	Licensee and Station Information. The stations listed below are all licensed to the following person or entity:										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Licensee Name</td> <td style="width: 50%; padding: 2px;">Licensee's FCC Registration Number (FRN)</td> </tr> <tr> <td style="padding: 2px;">SECOND GENERATION OF IOWA LTD</td> <td style="padding: 2px;">0003742939</td> </tr> </table>		Licensee Name	Licensee's FCC Registration Number (FRN)	SECOND GENERATION OF IOWA LTD	0003742939						
Licensee Name	Licensee's FCC Registration Number (FRN)										
SECOND GENERATION OF IOWA LTD	0003742939										
Station List This Report is filed for the following stations:											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Copy</th> <th style="width: 20%;">Call Sign</th> <th style="width: 15%;">Facility ID Number</th> <th style="width: 30%;">Location (City/State)</th> <th style="width: 25%;">Class of service</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.</td> <td style="text-align: center;">KFXA</td> <td style="text-align: center;">35336</td> <td style="text-align: center;">CEDAR RAPIDS, IOWA</td> <td></td> </tr> </tbody> </table>		Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service	1.	KFXA	35336	CEDAR RAPIDS, IOWA	
Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service							
1.	KFXA	35336	CEDAR RAPIDS, IOWA								
8.	Respondent is:										
<table style="width:100%;"> <tr> <td style="width: 33%;"><input type="radio"/> Sole Proprietorship</td> <td style="width: 33%;"><input type="radio"/> Not-for-profit corporation</td> <td style="width: 33%;"><input type="radio"/> Limited partnership</td> </tr> <tr> <td><input type="radio"/> For-profit corporation</td> <td><input type="radio"/> General partnership</td> <td><input checked="" type="radio"/> Other</td> </tr> </table> If "Other," describe nature of the Respondent in an Exhibit. [Exhibit 2]		<input type="radio"/> Sole Proprietorship	<input type="radio"/> Not-for-profit corporation	<input type="radio"/> Limited partnership	<input type="radio"/> For-profit corporation	<input type="radio"/> General partnership	<input checked="" type="radio"/> Other				
<input type="radio"/> Sole Proprietorship	<input type="radio"/> Not-for-profit corporation	<input type="radio"/> Limited partnership									
<input type="radio"/> For-profit corporation	<input type="radio"/> General partnership	<input checked="" type="radio"/> Other									

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. (Or majority interest in or that otherwise exercise <i>de facto</i> control over the subject Licensee or Permittee shall respond. (Or response to this question.) If the agreement is a local marketing agreement (LMA) or a radio joint sales agreement (RJS) agreement, check the appropriate box; otherwise, select "Other" for non-LMA/radio JSA or network affiliation agreement.) <input type="checkbox"/> Not Applicable										
Contract Information											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Copy</th> <th style="width: 35%;">Description of contract or instrument</th> <th style="width: 30%;">Name of person or organization with whom contract is made</th> <th style="width: 15%;">Date of Execution</th> <th style="width: 10%;">E</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.</td> <td style="text-align: center;">ARTICLES OF ORGANIZATION</td> <td style="text-align: center;">STATE OF OHIO</td> <td style="text-align: center;">Month APRIL Year 1995</td> <td style="text-align: center;">Mor APR Year 2045</td> </tr> </tbody> </table>		Copy	Description of contract or instrument	Name of person or organization with whom contract is made	Date of Execution	E	1.	ARTICLES OF ORGANIZATION	STATE OF OHIO	Month APRIL Year 1995	Mor APR Year 2045
Copy	Description of contract or instrument	Name of person or organization with whom contract is made	Date of Execution	E							
1.	ARTICLES OF ORGANIZATION	STATE OF OHIO	Month APRIL Year 1995	Mor APR Year 2045							

				<input type="checkbox"/> N Date
2.	OPERATING AGREEMENT	MEMBERS OF RESPONDENT	Month MAY Year 1995	Mo APR Year 204 <input type="checkbox"/> N Date

2. Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises de facto control over
 Not Applicable
[Enter Capitalization Information]

3. (a.) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a stockholder, noninsulated partners, members and other persons or entities with a direct attributable interest in the R through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only the 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 companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report do not have an attributable interest in the Licensee for which the report is being submitted.

Ownership Interests Information									
Copy 1.	<table border="1"> <tr> <td>Name</td> <td>SECOND GENERATION OF IOWA LTD</td> </tr> <tr> <td>Address</td> <td> Street SECOND GENERATION PLACE 3029 PROSPECT City/State CLEVELAND , OHIO Postal/ZIP Code 44115 - Country (if not U.S.) </td> </tr> <tr> <td>Listing Type</td> <td> <input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder </td> </tr> <tr> <td>Relationship to Licensee</td> <td> <input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest </td> </tr> </table>	Name	SECOND GENERATION OF IOWA LTD	Address	Street SECOND GENERATION PLACE 3029 PROSPECT City/State CLEVELAND , OHIO Postal/ZIP Code 44115 - 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
Name	SECOND GENERATION OF IOWA LTD								
Address	Street SECOND GENERATION PLACE 3029 PROSPECT City/State CLEVELAND , OHIO Postal/ZIP Code 44115 - 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	0003742939				
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) <hr/> Gender <input type="radio"/> Male <input type="radio"/> Female <hr/> Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <hr/> Race <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races <hr/> Citizenship				
Percentage of votes	0.0 %				
Percentage of equity	0.0 %				
Percentage of total assets (equity debt plus)	0.0 %				
Copy 2.	<table border="1"> <tr> <td data-bbox="402 1583 732 1640"> Name </td> <td data-bbox="732 1583 1442 1640"> THOMAS J. EMBRESCIA </td> </tr> <tr> <td data-bbox="402 1640 732 1740"> Address </td> <td data-bbox="732 1640 1442 1740"> Street SECOND GENERATION PLACE 3029 PROSPECT STREET </td> </tr> </table>	Name	THOMAS J. EMBRESCIA	Address	Street SECOND GENERATION PLACE 3029 PROSPECT STREET
Name	THOMAS J. EMBRESCIA				
Address	Street SECOND GENERATION PLACE 3029 PROSPECT STREET				

	City/State CLEVELAND , OHIO Postal/ZIP Code 44415 - Country (if not U.S.)
Listing Type	<input type="radio"/> Respondent <input checked="" 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 checked="" 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): MANAGER
FCC Registration Number	0007538648
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 <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races
	Citizenship US
Percentage of votes	100.0 %
Percentage of equity	0.0 %

	Percentage of total assets (equity debt plus)	0.0 %
Copy 3.	Name	JUDITH EMBRESCIA
	Address	Street 168 KINGS ROAD City/State PALM BEACH , FLORIDA Postal/ZIP Code 33447 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input checked="" 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	0019234962
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) Gender <input type="radio"/> Male <input checked="" type="radio"/> Female Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino Race <input checked="" type="radio"/> American Indian or Alaska Native

		<input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races
		Citizenship US
	Percentage of votes	0.0 %
	Percentage of equity	32.0 %
	Percentage of total assets (equity debt plus)	32.0 %
Copy 4.	Name	AMANDA EMBRESCIA FLYNN
	Address	Street 15 LAMBOL
		City/State CHARLESTON , SOUTH CAROLINA
		Postal/ZIP Code 29401 -
		Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
Positional Interest (Check all that apply)	<input checked="" 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	0019391192	
		<input type="checkbox"/> N/A (entity)

	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<u>Gender</u> <input type="radio"/> Male <input checked="" type="radio"/> Female
		<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
		<u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races
		<u>Citizenship</u> US
	Percentage of votes	0.0 %
	Percentage of equity	1.0 %
	Percentage of total assets (equity debt plus)	1.0 %
Copy 5.	Name	M. MEGAN EMBRESCIA PECKHAM
	Address	<u>Street</u> 7057 LOS TILOS
		<u>City/State</u> LOS ANGELES , CALIFORNIA
		<u>Postal/ZIP Code</u> 70668 -
		<u>Country (if not U.S.)</u>
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
Positional Interest (Check all that apply)	<input checked="" 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	0019391176
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) Gender <input type="radio"/> Male <input checked="" type="radio"/> Female Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino Race <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races Citizenship US
	Percentage of votes	0.0 %
	Percentage of equity	1.0 %
	Percentage of total assets (equity debt plus)	1.0 %
Copy 6.	Name	F. MATTHEW EMBRESCIA
	Address	Street 18200 SOUTH PARK BLVD City/State SHAKER HEIGHTS , OHIO Postal/ZIP Code 44120 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder

Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input checked="" 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	0019391168
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races <u>Citizenship</u> US
Percentage of votes	0.0 %
Percentage of equity	1.0 %
Percentage of total assets (equity debt plus)	1.0 %
(b.)	Respondent certifies that any equity and financial interests not reported in response to Question 3(a) are non-attribut

If "No," submit as an Exhibit an explanation.

(c.) Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable in 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 (broadcast or newspaper). Respondents with a large number (50 or more) of entries to submit should use the spreadsheets submitted in a special "XML Spreadsheet" format with the appropriate structure that is specified in the document 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
1.	THOMAS J. EMBRESCIA	WFUN	City ASHTABULA State OHIO	54565	0.0 %	0.0 %
2.	THOMAS J. EMBRESCIA	WFXJ-FM	City N. KINGSVILLE State OHIO	76320	0.0 %	0.0 %

3.	THOMAS J. EMBRESIA	WYBL	City ASHTABULA State OHIO	87818	0.0 %	0.0 %
4.	THOMAS J. EMBRESIA	WZOO -FM	City EDGEWOOD State OHIO	7819	0.0 %	0.0 %
5.	THOMAS J. EMBRESIA	WREO -FM	City ASHTABULA State OHIO	54566	0.0 %	0.0 %

6.	JUDITH EMBRESIA	WWSE	City JAMESTOWN State NEW YORK	29919	0.0 %	6.0 %
7.	JUDITH EMBRESIA	WJTN	City JAMESTOWN State NEW YORK	29922	0.0 %	6.0 %
8.	JUDITH EMBRESIA	WQFX -FM	City RUSSELL State PENNSYLVANIA	39622	0.0 %	6.0 %

9.	JUDITH EMBRESIA	WKSN	City JAMESTOWN State NEW YORK	65592	0.0 %	6.0 %
10.	JUDITH EMBRESIA	WFUN	City ASHTABULA State OHIO	54565	0.0 %	6.0 %
11.	JUDITH EMBRESIA	WFXJ- FM	City N. KINGSVILLE State OHIO	76320	0.0 %	6.0 %

12.	JUDITH EMBRESZIA	WYBL	City ASHTABULA State OHIO	87818	0.0 %	6.0 %
13.	JUDITH EMBRESZIA	WZOO -FM	City EDGEWOOD State OHIO	7819	0.0 %	6.0 %
14.	JUDITH EMBRESZIA	WREO -FM	City ASHTABULA State OHIO	54566	0.0 %	6.0 %

15.	JUDITH EMBRESIA	WHUG	City JAMESTOWN State NEW YORK	65591	0.0 %	6.0 %
16.	JUDITH EMBRESIA	KXNA	City SPRINGDALE State ARKANSAS	71703	57.0 %	11.0 %
17.	JUDITH EMBRESIA	KFFK	City ROGERS State ARKANSAS	31882	57.0 %	11.0 %

18.	JUDITH EMBRESIA	KREB	City BENTONVILLE- BELLA AR State ARKANSAS	30935	57.0 %	11.0 %
19.	THOMAS J. EMBRESIA	WJTN	City JAMESTOWN State NEW YORK	29922	0.0 %	0.0 %
20.	THOMAS J. EMBRESIA	WQFX -FM	City RUSSELL State PENNSYLVANIA	39622	0.0 %	0.0 %

21.	THOMAS J. EMBRESIA	WKSJ	City JAMESTOWN State NEW YORK	65592	0.0 %	0.0 %
22.	THOMAS J. EMBRESIA	WHUG	City JAMESTOWN State NEW YORK	65591	0.0 %	0.0 %
23.	THOMAS J. EMBRESIA	WWSE	City JAMESTOWN State NEW YORK	29919	0.0 %	0.0 %

24.	THOMAS J. EMBRESIA	KXNA	City SPRINGDALE State ARKANSAS	71703	0.0 %	0.0 %
25.	THOMAS J. EMBRESIA	KFFK	City ROGERS State ARKANSAS	31882	0.0 %	0.0 %
26.	THOMAS J. EMBRESIA	KREB	City BENTONVILLE- BELLA State ARKANSAS	30935	0.0 %	0.0 %

[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.

Familial Relationships			
Copy	Name	Parent/ Child	
1.	THOMAS AND JUDITH EMBRESCIA	<input type="radio"/>	
2.	THOMAS AND JUDITH EMBRESCIA ARE PARENTS OF M. MEGAN PECKHAM, F. MATTHEW EMBRESCIA AND AMANDA E. FLYNN	<input checked="" type="radio"/>	
3.	M. MEGAN PECKHAM, F. MATTHEW EMBRESCIA AND AMANDA E. FLYNN	<input 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 why that individual should not be attributed an interest.

[Enter Attribution Exemption Information]

4. Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of each entity in which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest 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 name is consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure such consistency.

[Enter Respondent Interests Held Information]

5.	<p>Organizational Chart. LICENSEES ONLY: Attach a flowchart or similar document showing the Licensee's vertical structure and all persons/entities that have attributable interests in the Licensee.</p> <p>Non-Licensee Respondents should select "N/A" in response to this question.</p>
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SECTION III - CERTIFICATION

I certify that I am **MANAGER**

(Official Title)

of **SECOND GENERATION OF IOWA LTD**

(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	Date
THOMAS J. EMBRESCIA	2/13/2012
Telephone Number of Respondent (Include area code) 2164281500	

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).

Exhibits

Exhibit 1

Description: REASON FOR AMENDMENT

THE ONLY PURPOSE OF THIS AMENDMENT IS TO CORRECT THE RESPONDENT'S NAME AT BOX 1, SECTION I AND IN THE SIGNATURE BLOCK

Exhibit 2

Description: NATURE OF ENTITY

LIMITED LIABILITY COMPANY

Exhibit 5

Description: ORGANIZATIONAL CHART

RESPONDENT IS CONTROLLED BY A SINGLE INDIVIDUAL MANAGER.
THEREFORE AN ORGANIZATIONAL CHART IS NOT NEEDED TO SHOW THE
RESPONDENT'S "OWNERSHIP STRUCTURE."