

**FCC 323  
OWNERSHIP REPORT FOR COMMERCIAL  
BROADCAST STATIONS**

**FOR COMMISSION USE ONLY  
FILE NO. -20151019AGL**

**Section I - General Information**

1.	Legal Name of the Respondent KIRX, INC.		
	Street Address (1) P.O. BOX 130		
	Street Address (2) 1308 N. BALTIMORE		
	City KIRKSVILLE	State or Country (if Foreign address) MO	ZIP Code 63501
	Telephone Number (include area code) (660) 665-9841	E-Mail Address (if available) RADIOPARK@CABLEONE.NET	
	FCC Registration Number 0003788817	Call Sign KIRX	Facility ID Number 34974
2.	Contact Representative GREGG P. SKALL, ESQ.		Firm or Company Name WOMBLE CARLYLE SANDRIDGE & RICE, LLP
	Street Address (1) 1200 19TH STREET, N.W.		
	Street Address (2) SUITE 500		
	City WASHINGTON	State or Country (if Foreign address) DC	ZIP Code 20036
	Telephone Number (include area code) (202) 857-4441	E-Mail Address (if available) GSKALL@WCSR.COM	
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 <input type="radio"/> N/A (Fee Required)		
5.	All the information furnished in this Report is accurate as of 10/01/2015. <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: <i>(choose one)</i> 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   File Number: -  If an Amendment <b>submit as an Exhibit</b> a listing by Section and Question Number the portions of the      [Exhibit 1] previous Report that are being revised.		

7. License and Station Information. The stations listed below are all licensed to the following person or entity:

Licensee Name:	Licensee's FCC Registration Number (FRN)
KIRX INC.	0003788817

**Station List**

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of Service
1.	KIRX	34974	KIRKSVILLE, MISSOURI	AM Station
2.	KRXL	34973	KIRKSVILLE, MISSOURI	FM Station
3.	KTUF	471	KIRKSVILLE, MISSOURI	FM Station

8. Respondent is:

<input type="radio"/> Sole Proprietorship	<input type="radio"/> Not-for-profit corporation	<input type="radio"/> Limited partnership
<input checked="" type="radio"/> For-profit corporation	<input type="radio"/> General partnership	<input type="radio"/> Other

[Exhibit 2]

If "Other," describe nature of the Respondent in an Exhibit.

**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

**[Enter Contract Information]**

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 Interest Information**

Copy 1.	Name	DAVID L. NELSON
	Address	Street 2021 LOST DAUPHIN RD City/State DEPERE, WISCONSIN Postal/ZIP Code 54115 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 checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder

	<input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0019263763
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	80.0%
Percentage of Equity	80.0%
Percentage of Total Assets (equity plus debt)	80.0%

Copy 2.	Name	STEVEN D. LLOYD
	Address	Street 31214 STATE HIWAY 11 City/State KIRKSVILLE, MISSOURI Postal/ZIP Code 63501 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 checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0019263839
	Gender, Ethnicity, Race and Citizenship Information	<input type="checkbox"/> N/A (entity)
		Gender <input checked="" type="radio"/> Male <input type="radio"/> Female

(Natural Persons)	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	10.0%
Percentage of Equity	10.0%
Percentage of Total Assets (equity plus debt)	10.0%

Copy 3.	Name	MARION K. JONES
	Address	Street 9685 152 STREET City/State CHIPPEWA FALLS, WISCONSIN Postal/ZIP Code 54729 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 checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0019263748
	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	10.0%
Percentage of Equity	10.0%
Percentage of Total Assets (equity plus debt)	10.0%

(b) Respondent certifies that any equity and financial interests not reported in response to Question 3 (a) are non-attributable.  Yes  No [Exhibit 3]

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 interest in any other broadcast station, or in any newspaper entities in the same market as defined in 47 C.F.R. Section 73.3555?  Yes  No

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 Subform or Broadcast Interest Spreadsheet**

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.	DAVID L. NELSON	KFJB	City MARSHALLTOWN State IOWA	40465	43.0%	43.0%	43.0%	<input checked="" type="checkbox"/> Officer <input checked="" 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 (specify)
2.	DAVID L. NELSON	KXIA	City MARSHALLTOWN State IOWA	40464	43.0%	43.0%	43.0%	<input checked="" type="checkbox"/> Officer <input checked="" 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 (specify)
3.	MARION K. JONES	KFJB	City MARSHALLTOWN State IOWA	40465	8.0%	8.0%	8.0%	<input checked="" type="checkbox"/> Officer <input checked="" 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 (specify)
4.	MARION K. JONES	KXIA	City MARSHALLTOWN State IOWA	40464	8.0%	8.0%	8.0%	<input checked="" type="checkbox"/> Officer <input checked="" 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 (specify)

	<b>[Newspaper Information]</b>	
(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.	<input type="radio"/> Yes <input checked="" type="radio"/> No
	<b>[Enter Familial Information]</b>	
(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.	<input type="radio"/> Yes <input checked="" type="radio"/> No [Exhibit 4]
	<b>[Enter Attribution Exemption Information]</b>	
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.  <b>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.</b>	<input checked="" type="checkbox"/> N/A
	<b>[Enter Respondent Interest Held Information]</b>	
5.	Organizational Chart. <b>LICENSEES ONLY.</b> 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 Respondents should select "N/A" in response to this question.	<input type="checkbox"/> N/A [Exhibit 5]

### Section III - Certification

I certify that I am EXECUTIVE VICE PRESIDENT  
(Official Title)  
of KIRX INC.  
(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 STEVEN D. LLOYD	Date 10/12/2015
Telephone Number of Respondent (Include area code) (660) 665-9841	

## Exhibits

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### Exhibit 5

**Description:** ORGANIZATIONAL CHART KIRX, INC. ORGANIZATIONAL CHART

ORGANIZATIONAL CHART KIRX, INC. DAVID L. NELSON, PRESIDENT 80% STEVEN D. LLOYD EXECUTIVE VICE PRESIDENT 10% MARION K. JONES SECRETARY/TREASURER 10%



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).