

## **KOTM**

### **Articles of Incorporation:**

- O-Town Communications, Inc.

### **Bylaws:**

- Bylaws of O-Town Communications, Inc.

### **Programming:**

- St. Louis Cardinals Radio Network
- Premiere Networks
- United Stations
- Radio Disney

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

**FOR COMMISSION USE ONLY  
FILE NO. -20151022ACC**

**Section I - General Information**

1.	Legal Name of the Respondent O-TOWN COMMUNICATIONS, INC.		
	Street Address (1) 416 E. MAIN		
	Street Address (2)		
	City OTTUMWA	State or Country (if foreign address) IA	ZIP Code 52501 -
	Telephone Number (include area code) 6416845563	E-Mail Address (if available)	
	FCC Registration Number: 0003761731	Call Sign KRKN	Facility ID Number 58762
2.	Contact Representative JOHN NEELY, ESQ.		Firm or Company Name MILLER AND NEELY, P.C.
	Street Address (1) SUITE 203		
	Street Address (2) 3750 UNIVERSITY BLVD., WEST		
	City KENSINGTON	State or Country (if foreign address) MD	ZIP Code 20895 -
	Telephone Number (include area code) 3019336304	E-Mail Address (if available) JOHNSNEELY@YAHOO.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 Other <input type="radio"/> N/A (Fee Required)		
5.	All of 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: (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.  Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)

f.  Amendment to a previously filed Ownership Report File Number: -

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:

Licensee Name	Licensee's FCC Registration Number (FRN)
O-TOWN COMMUNICATIONS, INC.	0003761731

**Station List**

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	KRKN	58762	ELDON , IOWA	FM Station
2.	KKSI	49902	EDDYVILLE , IOWA	FM Station
3.	KTWA	24204	OTTUMWA , IOWA	FM Station
4.	KBIZ	24207	OTTUMWA , IOWA	AM Station
5.	KLEE	21915	OTTUMWA , IOWA	AM Station
6.	KOTM-FM	21916	OTTUMWA , IOWA	FM Station

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 INCORPORATION AND BYLAWS	COMPANY	Month FEBRUARY Year 1988	Month Year <input checked="" type="checkbox"/> No	<input type="checkbox"/> LMA/JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other

Expiration Date

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

**Capitalization Information**

Copy	Class of stock (preferred, common or other)	Voting or Non-voting	Number of shares			
			Authorized	Issued and Outstanding	Treasury	Unissued
1.	<input type="radio"/> Preferred <input checked="" type="radio"/> Common <input type="radio"/> Other (specify)	<input checked="" type="radio"/> Voting <input type="radio"/> Non-Voting	1000000	100	0	999900
2.	<input type="radio"/> Preferred <input checked="" type="radio"/> Common <input type="radio"/> Other (specify)	<input type="radio"/> Voting <input checked="" type="radio"/> Non-Voting	1000000	0	0	1000000

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	O-TOWN COMMUNICATIONS, INC.
	Address	Street 416 EAST MAIN STREET  City/State OTTUMWA , IOWA Postal/ZIP Code 52501 - 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 checked="" 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	0003761731	
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" 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 type="checkbox"/> White	
	Citizenship	
Percentage of votes	100.0 %	
Percentage of equity	100.0 %	
Percentage of total assets (equity debt plus)	100.0 %	
Copy 2.	Name	DONALD LINDER
	Address	Street P.O. BOX 1420  City/State MANKATO , MINNESOTA Postal/ZIP Code 56002 - 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 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 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	0019399302	
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 (Check all that apply)</u> <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	
	<u>Citizenship</u> US	
Percentage of votes	0.0 %	
Percentage of equity	0.0 %	
Percentage of total assets (equity debt plus)	0.0 %	
Copy 3.	Name	BRUCE H LINDER
	Address	Street 4608 BRUCE AVE.  City/State EDINA , MINNESOTA Postal/ZIP Code 55424 - 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 checked="" type="radio"/> Person with attributable interest <input checked="" 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 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	0003761699	
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	51.0 %	
Percentage of equity	51.0 %	
Percentage of total assets (equity debt plus)	51.0 %	
Copy 4.	Name	GREG LIST
	Address	Street 416 E MAIN  City/State OTTUMWA , IOWA Postal/ZIP Code 52501 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	

- Licensee (or Officer/Director of Licensee)
- Person with attributable interest
- Entity with attributable interest

Positional Interest  
(Check all that apply)

- Officer
- Director
- General Partner
- Limited Partner
- LC/LLC/PLLC Member
- Owner
- Stockholder
- Attributable Creditor
- Attributable Investor
- Other (please specify):

FCC Registration Number 0019296615

Gender, Ethnicity, Race and Citizenship Information  
(Natural Persons)

- N/A (entity)
- Gender
- Male  Female
- Ethnicity
- Hispanic or Latino
- Not Hispanic or Latino
- Race (Check all that apply)
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Citizenship
- US

	Percentage of votes	49.0 %	
	Percentage of equity	49.0 %	
	Percentage of total assets (equity debt plus)	49.0 %	

(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.

- Yes
  - No
- [ Exhibit 3 ]

(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?  
  
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

- Yes
- No

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.	DONALD LINDER	KNSG	City SPRINGFIELD State MINNESOTA	30124	0 %	0 %	0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): OFFICER OF HO. CO.
2.	DONALD LINDER	KFSP	City MANKATO State MINNESOTA	20386	37 %	37 %	37 %	<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 (please specify):
3.	DONALD LINDER	KTOE	City MANKATO State MINNESOTA	42899	37.0 %	37.0 %	37.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input checked="" 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.	DONALD LINDER	KATO-FM	City NEW ULM State MINNESOTA	30120	37.0 %	37.0 %	37.0 %	<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 (please specify):
5.	DONALD LINDER	KXAC	City ST JAMES State MINNESOTA	57429	37.0 %	37.0 %	37.0 %	<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 (please specify):
6.	DONALD LINDER	KDOG	City NORTH MANKATO State MINNESOTA	42993	37.0 %	37.0 %	37.0 %	<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 (please specify):
7.	DONALD LINDER	KRRW	City ST. JAMES State MINNESOTA	57428	37.0 %	37.0 %	37.0 %	<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 (please specify):
8.	DONALD LINDER	KXLP	City EAGLE LAKE State MINNESOTA	164248	37.0 %	37.0 %	37.0 %	<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 (please specify):
9.	DONALD LINDER	KKCK	City MARSHALL State MINNESOTA	35127	0.0 %	0.0 %	0.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
10.	DONALD LINDER	KARZ	City MARSHALL State MINNESOTA	51524	0.0 %	0.0 %	0.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
11.	DONALD LINDER	KARL	City TRACY State MINNESOTA	35129	0.0 %	0.0 %	0.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner

								<input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
12.	DONALD LINDER	KMHL	City MARSHALL State MINNESOTA	32999	0.0 %	0.0 %	0.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
13.	DONALD LINDER	KHRS	City WINTHROP State MINNESOTA	165993	0 %	0 %	0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): OFF OF TIME BROKER

[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?

Yes  
 No

If "Yes", complete the information describing the relationship.

**Familial Relationships**

Copy	Name	Parent/ Child	Spouse	Siblings
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1.	DONALD LINDER/BRUCE LINDER	
	<p>(e.) Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ?</p> <p>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.</p> <p><b>[Enter Attribution Exemption Information]</b></p>	<input type="radio"/> Yes <input checked="" type="radio"/> No
4.	<p>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.</p> <p><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></p> <p><b>[Enter Respondent Interests Held Information]</b></p>	<input checked="" type="checkbox"/> N/A
5.	<p>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.</p> <p>Non-Licensee Respondents should select "N/A" in response to this question.</p>	<input checked="" type="checkbox"/> N/A [ Exhibit 5 ]

### SECTION III - CERTIFICATION

I certify that I am PRESIDENT

(Official Title)

of O-TOWN COMMUNICATIONS, 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 GREGORY LIST	Date 10/21/2015
Telephone Number of Respondent (Include area code) 0000000000	

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**