

*RFMD AM*

**COPY**

*Log*



**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:** 25ESRTJG

**Agency Tracking ID:** PGC2480439

**Transaction Date and Time:** 03/19/2014 17:28 EDT

**Payment Summary**

**Address Information**

**Account Holder Name:** Teresa S Bunyard

**Billing Address:** 111 Westwood

**Billing Address 2:**

**City:** De Queen

**State / Province:** AR

**Zip / Postal Code:** 71832

**Country:** USA

**Account Information**

**Card Type:** Master Card

**Card Number:** \*\*\*\*\*8130

**Payment Information**

**Payment Amount:** \$240.00

**Transaction Date and Time:** 03/19/2014 17:28 EDT

# Agency Tracking ID:PGC2480439 Authorization Number:05316B Successful Authorization -- Date Paid: 3/19/14 FILE COPY ONLY!!

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING  (1) LOCKBOX #979089	FEDERAL COMMUNICATIONS COMMISSION <b>REMITTANCE ADVICE</b> FORM 159 PAGE NO 1 OF 2	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>Teresa S Bunyard</b>		(3) TOTAL AMOUNT PAID (dollars and cents) <b>\$240.00</b>
(4) STREET ADDRESS LINE NO. 1 <b>111 Westwood</b>		
(5) STREET ADDRESS LINE NO. 2		
(6) CITY <b>De Queen</b>	(7) STATE <b>AR</b>	(8) ZIP CODE <b>71832</b>
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>870-6423104</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>0014546550</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>HOG RADIO, INC.</b>		
(14) STREET ADDRESS LINE NO. 1 <b>111 WESTWOOD DRIVE</b>		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY <b>DEQUEEN</b>	(17) STATE <b>AR</b>	(18) ZIP CODE <b>71832-</b>
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>8706423637</b>		(20) COUNTRY CODE (IF NOT IN U.S.A.) <b>USA</b>
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>		
(21) APPLICANT (FRN) <b>0017879727</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 <b>KCYT</b>	(24A) Payment Type Code(PTC) <b>MAR</b>	(25A) Quantity <b>1</b>
(26A) Fee Due for (PTC) <b>\$60.00</b>	(27A) Total Fee <b>\$60.00</b>	FCC Use Only
(28A) FCC CODE 1 <b>51098</b>	(29A) FCC CODE 2 <b>CDBS20140319AEH</b>	
(23B) FCC Call Sign/Other ID <b>KUOA</b>	(24B) Payment Type Code(PTC) <b>MAR</b>	(25B) Quantity <b>1</b>
(26B) Fee Due for (PTC) <b>\$60.00</b>	(27B) Total Fee <b>\$60.00</b>	FCC Use Only
(28B) FCC CODE 1	(29B) FCC CODE 2	

35729

CDBS20140319AEG

REMITTANCE ADVICE (Continuation Sheet) FEDERAL COMMUNICATIONS COMMISSION <b>FORM 159-C</b> PAGE NO 2 OF 2	APPROVED BY OMB 3060-058
	SPECIAL USE
	FCC USE ONLY

**USE THIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT  
SECTION BB - ADDITIONAL APPLICANT INFORMATION**

(13) APPLICANT NAME <b>HOG RADIO, INC.</b>		
(14) STREET ADDRESS LINE NO. 1 <b>111 WESTWOOD DRIVE</b>		
(15) STREET ADDRESS LINE NO. 2		

(16) CITY <b>DEQUEEN</b>	(17) STATE <b>AR</b>	(18) ZIP CODE <b>71832-</b>
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(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>8706423637</b>	(20) COUNTRY CODE (IF NOT IN U.S.A.) <b>USA</b>
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**FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED**

(21) APPLICANT (FRN) <b>0017879727</b>	(22) FCC USE ONLY
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**COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET**

(23A) FCC Call Sign/Other ID <b>KFMD</b>	(24A) Payment Type Code(PTC) <b>MAR</b>	(25A) Quantity <b>1</b>
(26A) Fee Due for (PTC) <b>\$60.00</b>	(27A) Total Fee <b>\$60.00</b>	FCC Use Only
(28A) FCC CODE 1 <b>160838</b>	(29A) FCC CODE 2 <b>CDBS20140319AEI</b>	

(23B) FCC Call Sign/Other ID <b>KFMD-FM</b>	(24B) Payment Type Code(PTC) <b>MAR</b>	(25B) Quantity <b>1</b>
(26B) Fee Due for (PTC) <b>\$60.00</b>	(27B) Total Fee <b>\$60.00</b>	FCC Use Only
(28B) FCC CODE 1 <b>88358</b>	(29B) FCC CODE 2 <b>CDBS20140319AEJ</b>	

(23C) FCC Call Sign/Other ID	(24C) Payment Type Code(PTC)	(25C) Quantity
(26C) Fee Due for (PTC)	(27C) Total Fee	FCC Use Only
(28C) FCC CODE 1	(29C) FCC CODE 2	

(23D) FCC Call Sign/Other ID	(24D) Payment Type Code(PTC)	(25D) Quantity
(26D) Fee Due for (PTC)	(27D) Total Fee	FCC Use Only
(28D) FCC CODE 1	(29D) FCC CODE 2	

(23E) FCC Call Sign/Other ID	(24E) Payment Type Code(PTC)	(25E) Quantity
(26E) Fee Due for (PTC)	(27E) Total Fee	FCC Use Only
(28E) FCC CODE 1	(29E) FCC CODE 2	

(23F) FCC Call Sign/Other ID	(24F) Payment Type Code(PTC)	(25F) Quantity
(26F) Fee Due for (PTC)	(27F) Total Fee	FCC Use Only

(28F) FCC CODE 1

(29F) FCC CODE 2

FCC FORM 159-C February 2003(REVISED)

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

**FOR COMMISSION USE ONLY**  
**FILE NO. -20140319AEG**

**Section I - General Information**

1.	Legal Name of the Respondent HIOG RADIO, INC.		
	Street Address (1) 111 WESTWOOD DRIVE		
	Street Address (2)		
	City DEQUEEN	State or Country (if Foreign address) AR	ZIP Code 71832
	Telephone Number (include area code) (870) 642-3637	E-Mail Address (if available) JAYBUNYARD@HOTMAIL.COM	
	FCC Registration Number 0017879727	Call Sign KUAO	Facility ID Number 35729
	2.	Contact Representative FRANK R. JAZZO, ESQ.	
Street Address (1) 1300 NORTH 17TH STREET			
Street Address (2) 11TH FLOOR			
City ARLINGTON		State or Country (if Foreign address) VA	ZIP Code 22209
Telephone Number (include area code) (703) 812-0400		E-Mail Address (if available) JAZZO@FHILAW.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 10/01/2013. <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. <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 previous Report that are being revised. <span style="float: right;">[Exhibit 1]</span>			

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

Licensee Name: HOG RADIO, INC.	Licensee's FCC Registration Number (FRN) 0017879727
-----------------------------------	--

**Station List**

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of Service
1.	KUOA	35729	SILOAM SPRINGS, ARKANSAS	AM Station
2.	KCYT	51098	FAYETTEVILLE, ARKANSAS	FM Station
3.	KFMD	160838	BETHEL HEIGHTS, ARKANSAS	AM Station
4.	KFMD-FM	88358	GREENLAND, ARKANSAS	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 radio joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/radio 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)
			Month	Year	Month	Year	
1.	ARTICLES OF INCORPORATION	HOG RADIO, INC.	JUNE	2008			<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
						<input checked="" type="checkbox"/> No Expiration Date	
2.	BYLAWS	HOG RADIO, INC.	JULY	2008			<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
						<input checked="" type="checkbox"/> No 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	Authorized	Number of shares		
				Issued and Outstanding	Treasury	Unissued
1.	<input checked="" type="checkbox"/> Preferred <input checked="" type="checkbox"/> Common <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Voting <input type="checkbox"/> Non-Voting	1000	300	0	1700

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	HOG RADIO, INC.
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Address	Street 111 WESTWOOD DRIVE City/State DE QUEEN, ARKANSAS Postal/ZIP Code 71832 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"/> I.C./I.L.C./P.L.L.C. 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): RESPONDENT
FCC Registration Number	0017879727
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity)
	Gender <input type="radio"/> Male <input type="radio"/> Female
	Ethnicity <input type="radio"/> Hispanic or Latino <input 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 US
Percentage of Votes	0%
Percentage of Equity	0%
Percentage of Total Assets (equity plus debt)	0%

Copy 2.	Name	JAY WALLACE BUNYARD AND TERESA SHARON BUNYARD LIVING REVOCABLE TRUST (JAY AND TERESA BUNYARD SOLE VOTING TRUSTEES)
	Address	Street 111 WESTWOOD City/State DE QUEEN, ARKANSAS Postal/ZIP Code 71832



	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 type="radio"/> Person with attributable interest <input checked="" 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 checked="" 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	0008294043
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity)
	Gender <input type="radio"/> Male <input type="radio"/> Female
	Ethnicity <input type="radio"/> Hispanic or Latino <input 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	0%
Percentage of Equity	99%
Percentage of Total Assets (equity plus debt)	99%

Copy 3.	Name	JAY W. BUNYARD
	Address	Street 111 WESTWOOD DRIVE City/State DE QUEEN, ARKANSAS Postal/ZIP Code 71832 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 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): TRUSTEE (50% VOTE)
FCC Registration Number	0006565238
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> 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	49%
Percentage of Equity	0%
Percentage of Total Assets (equity plus debt)	0%

Copy 4.	Name	TERESA S. BUNYARD
	Address	Street 111 WESTWOOD DRIVE City/State DE QUEEN, ARKANSAS Postal/ZIP Code 71832 Country (if not U.S.)
	Listing Type	<input type="checkbox"/> Respondent <input checked="" type="checkbox"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="checkbox"/> Licensee (or Officer/Director of Licensee) <input type="checkbox"/> Person with attributable interest <input type="checkbox"/> 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 type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor

	<input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): TRUSTEE (50% VOTE)
FCC Registration Number	0014546550
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)
	Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
	Ethnicity <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> 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	49%
Percentage of Equity	0%
Percentage of Total Assets (equity plus debt)	0%

Copy 5.	Name	JAY W. BUNYARD
	Address	Street 111 WESTWOOD DRIVE City/State DE QUEEN, ARKANSAS Postal/ZIP Code 71832 Country (if not U.S.)
	Listing Type	<input type="checkbox"/> Respondent <input checked="" type="checkbox"/> Other Interest Holder
	Relationship to Licensee	<input type="checkbox"/> Licensee (or Officer/Director of Licensee) <input checked="" type="checkbox"/> Person with attributable interest <input type="checkbox"/> 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/LIC/PLIC 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	0006565238
	Gender, Ethnicity, Race and Citizenship Information	<input type="checkbox"/> N/A (entity)
		Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> 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 1%
Percentage of Equity 1%	
Percentage of Total Assets (equity plus debt) 1%	

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

**[Newspaper Information]**

(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	Sibling
1.	JAY W. AND TERESA S. BUNYARD	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

(e) Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee?  Yes  No [Exhibit 4]

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.

**[Enter Attribution Exemption Information]**

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 Interest 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 type="checkbox"/> N/A [Exhibit 5]

**Section III - Certification**

I certify that I am \_\_\_\_\_  
(Offericial Title)  
of \_\_\_\_\_  
(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
Telephone Number of Respondent (Include area code)	

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 504).

**Exhibits**

**Attachment 5**

Description
<a href="#">2013 HOG RADIO FLOW CHART</a>

**Spreadsheets**

Description
<a href="#">2013 OTHER BROADCAST INTERESTS</a>

Form 323, Section II-B, 3c Broadcast Interests

288.01

Name of Interest Holder	Call Sign	Community City	Community State	Facility ID Number	Percentage of Votes	Percentage of Equity	Percentage of Total Assets (FDP)	Positional Interest (Check all that apply (WN))				Stockholder Owner	Attributable Entity	Other	Other Info
								Director	Partner	Limited Partner	Partner				
JAY W. BUNYARD	KOON	DE QUEEN	AR	30600	55	55	55	N	Y	N	N	N	Y	N	PARTNER
JAY W. BUNYARD	KOON-FM	DE QUEEN	AR	30599	55	55	55	N	Y	N	N	N	Y	N	PARTNER
JAY W. BUNYARD	KTHS	GREEN FOREST	AR	35668	0	0	0	N	Y	N	N	N	Y	Y	TRUSTEE
JAY W. BUNYARD	KTHS-FM	BERRYVILLE	AR	35667	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
JAY W. BUNYARD	KAKS	GOSHEN	AR	69858	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
JAY W. BUNYARD	KAMD-FM	CAMDEN	AR	8469	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
JAY W. BUNYARD	KMGC	CAMDEN	AR	29780	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
JAY W. BUNYARD	KCXY	EAST CAMDEN	AR	23279	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
JAY W. BUNYARD	KBHC	NASHVILLE	AR	2310	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
JAY W. BUNYARD	KNAS	NASHVILLE	AR	54822	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
JAY W. BUNYARD	KMTB	MURFREESBORO	AR	52175	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
JAY W. BUNYARD	KENA	MENA	AR	50773	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
JAY W. BUNYARD	KENA-FM	MENA	AR	50772	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
JAY W. BUNYARD	KQOR	MENA	AR	85685	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
JAY W. BUNYARD	KQOR	MENA	AR	85685	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
JAY W. BUNYARD	KILX	HATFIELD	AR	84055	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
TERESA S. BUNYARD	KTHS	GREEN FOREST	AR	35668	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
TERESA S. BUNYARD	KTHS-FM	BERRYVILLE	AR	35667	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
TERESA S. BUNYARD	KAKS	GOSHEN	AR	69858	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
TERESA S. BUNYARD	KAMD-FM	CAMDEN	AR	8469	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
TERESA S. BUNYARD	KMGC	CAMDEN	AR	29780	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
TERESA S. BUNYARD	KCXY	EAST CAMDEN	AR	23279	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
TERESA S. BUNYARD	KBHC	NASHVILLE	AR	2310	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
TERESA S. BUNYARD	KNAS	NASHVILLE	AR	54822	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
TERESA S. BUNYARD	KMTB	MURFREESBORO	AR	52175	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
TERESA S. BUNYARD	KENA	MENA	AR	50773	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
TERESA S. BUNYARD	KENA-FM	MENA	AR	50772	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
TERESA S. BUNYARD	KQOR	MENA	AR	85685	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
TERESA S. BUNYARD	KQOR	MENA	AR	85685	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
JAY WALLACE BUNYARD AND TERESA SHARON	KILX	HATFIELD	AR	84055	0	0	0	Y	N	N	N	N	Y	Y	TRUSTEE
BUNYARD REVOCABLE TRUST	KTHS	GREEN FOREST	AR	35668	0	100	100	N	N	N	N	N	Y	N	TRUSTEE
JAY WALLACE BUNYARD AND TERESA SHARON	KTHS-FM	BERRYVILLE	AR	35667	0	100	100	N	N	N	N	N	Y	N	TRUSTEE
BUNYARD REVOCABLE TRUST	KAKS	GOSHEN	AR	69858	0	100	100	N	N	N	N	N	Y	N	TRUSTEE
JAY WALLACE BUNYARD AND TERESA SHARON	KAMD-FM	CAMDEN	AR	8469	0	100	100	N	N	N	N	N	Y	N	TRUSTEE
BUNYARD REVOCABLE TRUST	KMGC	CAMDEN	AR	29780	0	100	100	N	N	N	N	N	Y	N	TRUSTEE
JAY WALLACE BUNYARD AND TERESA SHARON	KCXY	EAST CAMDEN	AR	23279	0	100	100	N	N	N	N	N	Y	N	TRUSTEE
BUNYARD REVOCABLE TRUST	KBHC	NASHVILLE	AR	2310	0	100	100	N	N	N	N	N	Y	N	TRUSTEE
JAY WALLACE BUNYARD AND TERESA SHARON	KNAS	NASHVILLE	AR	54822	0	100	100	N	N	N	N	N	Y	N	TRUSTEE
BUNYARD REVOCABLE TRUST	KMTB	MURFREESBORO	AR	52175	0	100	100	N	N	N	N	N	Y	N	TRUSTEE
JAY WALLACE BUNYARD AND TERESA SHARON	KENA	MENA	AR	50773	0	100	100	N	N	N	N	N	Y	N	TRUSTEE
BUNYARD REVOCABLE TRUST	KENA-FM	MENA	AR	50772	0	100	100	N	N	N	N	N	Y	N	TRUSTEE
JAY WALLACE BUNYARD AND TERESA SHARON	KQOR	MENA	AR	85685	0	100	100	N	N	N	N	N	Y	N	TRUSTEE
BUNYARD REVOCABLE TRUST	KQOR	MENA	AR	85685	0	100	100	N	N	N	N	N	Y	N	TRUSTEE
JAY WALLACE BUNYARD AND TERESA SHARON	KILX	HATFIELD	AR	84055	0	100	100	N	N	N	N	N	Y	N	TRUSTEE
BUNYARD REVOCABLE TRUST	KILX	HATFIELD	AR	84055	0	100	100	N	N	N	N	N	Y	N	TRUSTEE

# Hog Radio, Inc.

Jay W. Bunyard, Pres  
Teresa S. Bunyard, Sec/Treas

Stations: KUOA, KCYT, KFMD,  
KFMD-FM

Jay Wallace Bunyard and  
Teresa Sharon Bunyard  
Living Revocable Family  
Trust (Jay and Teresa Bunyard  
sole Voting Trustees)

100%

Jay W. Bunyard

Teresa S Bunyard