

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (June 2014)	FOR FCC USE ONLY
FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS		FOR COMMISSION USE ONLY FILE NO. BOA-20151110AOB

Section I - General Information

1.	Legal Name of the Respondent RIVERBEND COMMUNICATIONS, LLC			
	Street Address (1) 400 W. SUNNYSIDE ROAD			
	Street Address (2)			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 2px;">City IDAHO FALLS</td> <td style="width: 30%; padding: 2px;">State or Country (if foreign address) ID</td> <td style="width: 30%; padding: 2px;">ZIP Code 83402 -</td> </tr> </table>	City IDAHO FALLS	State or Country (if foreign address) ID	ZIP Code 83402 -
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 2px;">Telephone Number (include area code) 2085233722</td> <td style="padding: 2px;">E-Mail Address (if available)</td> </tr> </table>	Telephone Number (include area code) 2085233722	E-Mail Address (if available)	
Telephone Number (include area code) 2085233722	E-Mail Address (if available)			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 2px;">FCC Registration Number: 0014623656</td> <td style="width: 30%; padding: 2px;">Call Sign KCVI</td> <td style="width: 30%; padding: 2px;">Facility ID Number 71785</td> </tr> </table>	FCC Registration Number: 0014623656	Call Sign KCVI	Facility ID Number 71785
FCC Registration Number: 0014623656	Call Sign KCVI	Facility ID Number 71785		
2.	Contact Representative SUSAN A. MARSHALL			
	Firm or Company Name FLETCHER HEALD & HILDRETH, P.L.C.			
	Street Address (1) 1300 N. 17TH STREET			
	Street Address (2) 11TH FLOOR			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 2px;">City ARLINGTON</td> <td style="width: 30%; padding: 2px;">State or Country (if foreign address) VA</td> <td style="width: 30%; padding: 2px;">ZIP Code 22209 -</td> </tr> </table>	City ARLINGTON	State or Country (if foreign address) VA	ZIP Code 22209 -
City ARLINGTON	State or Country (if foreign address) VA	ZIP Code 22209 -		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 2px;">Telephone Number (include area code) 7038120400</td> <td style="padding: 2px;">E-Mail Address (if available) MARSHALL@FHHLAW.COM</td> </tr> </table>	Telephone Number (include area code) 7038120400	E-Mail Address (if available) MARSHALL@FHHLAW.COM	
Telephone Number (include area code) 7038120400	E-Mail Address (if available) MARSHALL@FHHLAW.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 checked="" type="radio"/> Other <input checked="" 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. Transfer of Control or Assignment of License/Permit
 - d. 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
- If an Amendment, **submit as an Exhibit** a listing by Section and Question Number the portions of the previous Report that are being revised.

File Number: -

[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)
RIVERBEND COMMUNICATIONS, LLC	0014623656

Station List

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	KCVI	71785	BLACKFOOT , IDAHO	FM Station
2.	KLCE	71772	BLACKFOOT , IDAHO	FM Station
3.	KEII	71780	BLACKFOOT , IDAHO	AM Station
4.	KEIR	71775	IDAHO FALLS , IDAHO	AM Station
5.	KTHK	33447	IDAHO FALLS , IDAHO	FM Station
6.	KFTZ	18116	IDAHO FALLS , IDAHO	FM Station

8. Respondent is:

- Sole Proprietorship
 - For-profit corporation
 - Not-for-profit corporation
 - General partnership
 - Limited 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 ORGANIZATION	RIVERBEND COMMUNICATIONS, LLC	Month JANUARY Year 2006	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
2.	OPERATING AGREEMENT	RIVERBEND COMMUNICATIONS, LLC	Month JANUARY Year 2006	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other

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 Interests Information									
Copy 1.	<table border="1"> <tr> <td>Name</td> <td>RIVERBEND COMMUNICATIONS, LLC</td> </tr> <tr> <td>Address</td> <td> Street 400 W. SUNNYSIDE ROAD City/State IDAHO FALLS, IDAHO Postal/ZIP Code 83402 - 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 </td> </tr> </table>	Name	RIVERBEND COMMUNICATIONS, LLC	Address	Street 400 W. SUNNYSIDE ROAD City/State IDAHO FALLS, IDAHO Postal/ZIP Code 83402 - 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
Name	RIVERBEND COMMUNICATIONS, LLC								
Address	Street 400 W. SUNNYSIDE ROAD City/State IDAHO FALLS, IDAHO Postal/ZIP Code 83402 - 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 checked="" type="checkbox"/> 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	0014623656	
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity)	
	<u>Gender</u> <input type="checkbox"/> Male <input type="checkbox"/> Female	
	<u>Ethnicity</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> 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 type="checkbox"/> White	
	<u>Citizenship</u>	
Percentage of votes	100 %	
Percentage of equity	100 %	
Percentage of total assets (equity debt plus)	0 %	
Copy 2.	Name	FRANK L. VANDERSLOOT TRUST
	Address	Street 400 W. SUNNYSIDE ROAD City/State IDAHO FALLS, IDAHO Postal/ZIP Code 83402 - 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 type="checkbox"/> Person with attributable interest

	<input checked="" type="checkbox"/> 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 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	0019944602		
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity)		
	<u>Gender</u> <input type="checkbox"/> Male <input type="checkbox"/> Female		
	<u>Ethnicity</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
	<u>Race</u> (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		
	<u>Citizenship</u>		
Percentage of votes	90 %		
Percentage of equity	90 %		
Percentage of total assets (equity debt plus)	0 %		
Copy 3.	Name	FRANK L. VANDERSLOOT	
	Address	Street	400 W. SUNNYSIDE ROAD
		City/State	IDAHO FALLS , IDAHO
		Postal/ZIP Code	83402 -
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 checked="" type="checkbox"/> 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): LLC MANAGER	
FCC Registration Number	0019923903	
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)	
	<u>Gender</u> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
	<u>Ethnicity</u> <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino	
	<u>Race</u> (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	
	<u>Citizenship</u> US	
Percentage of votes	0 %	
Percentage of equity	0 %	
Percentage of total assets (equity debt plus)	0 %	
Copy 4.	Name	BELINDA VANDERSLOOT
	Address	Street 400 W. SUNNYSIDE ROAD City/State IDAHO FALLS, IDAHO Postal/ZIP Code 83402 - Country (if not U.S.)
	Listing Type	<input type="checkbox"/> Respondent <input checked="" type="checkbox"/> Other Interest Holder
	Relationship to	<input checked="" type="checkbox"/> Licensee (or Officer/Director of Licensee)

Licensee	<input checked="" 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 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	0019923937	
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 (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 %	
Percentage of equity	10 %	
Percentage of total assets (equity debt plus)	0 %	
Copy 5.	Name	STEPHEN L. POULSEN
	Address	Street 400 W. SUNNYSIDE ROAD City/State IDAHO FALLS , IDAHO Postal/ZIP Code 83402 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to	<input type="radio"/> Licensee (or Officer/Director of Licensee)

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 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	0021293576	
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	0 %	
Percentage of equity	0 %	
Percentage of total assets (equity debt plus)	0 %	
Copy 6.	Name	MICHAEL BATT
	Address	Street 2880 NORTH 55TH WEST City/State IDAHO FALLS , IDAHO Postal/ZIP Code 83402 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee)

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 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	0021293600
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	0 %
Percentage of equity	0 %
Percentage of total assets (equity debt plus)	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.	<input checked="" type="radio"/> Yes <input type="radio"/> No [Exhibit 3]
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(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?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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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 Interests Subform]

[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.

Yes No

Familial Relationships				
Copy	Name	Parent/Child	Spouse	Siblings
1.	FRANK L. VANDERSLOOT/BELINDA VANDERSLOOT	<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 ?

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.

Yes No

[Enter Attribution Exemption Information]

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.

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.

[Enter Respondent Interests Held Information]

N/A

5.

Organizational Chart. **LICENSEES ONLY:** 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.

N/A
[Exhibit 5]

Non-Licensee Respondents should select "N/A" in response to this question.

SECTION III - CERTIFICATION

I certify that I am PRESIDENT

(Official Title)

of RIVERBEND COMMUNICATIONS, LLC

(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 WILLIAM C. FUERST	Date 11/10/2015
Telephone Number of Respondent (Include area code) 2085233722	

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 2

Description: NATURE OF RESPONDENT

RESPONDENT, RIVERBEND COMMUNICATIONS, LLC, IS AN IDAHO LIMITED LIABILITY COMPANY.

Exhibit 5

Description: ORGANIZATIONAL CHART

ATTACHED HERETO IS AN ORGANIZATIONAL CHART SHOWING THE VERTICAL OWNERSHIP STRUCTURE OF THE RESPONDENT.

Attachment 5

Description
Organization Chart--Riverbend Communications, LLC

RIVERBEND COMMUNICATIONS, LLC

