

KBRD

Federal Communications Commission Washington, D.C. 20554  <b>FCC 316</b>	Approved by OMB 3060-0009 (June 2002)  FOR FCC USE ONLY
<b>APPLICATION FOR CONSENT TO ASSIGN          BROADCAST STATION CONSTRUCTION PERMIT          OR LICENSE OR TO TRANSFER CONTROL OF          ENTITY HOLDING BROADCAST STATION          CONSTRUCTION PERMIT OR LICENSE</b>  Read INSTRUCTIONS Before Filling Out Form	FOR COMMISSION USE ONLY FILE NO. - 20041014AEH

## Section I - General Information

1. Legal Name of the Licensee/Permittee SKIP MARROW		
Mailing Address P.O. BOX 434		
City OLYMPIA	State or Country (if foreign address) WA	Zip Code 98507 -
Telephone Number (include area code) 8007692739	E-Mail Address (if available) N/A	
FCC Registration Number: 0003770450	Call Sign KBRD	Facility ID Number 26893
2. Contact Representative (if other than licensee/permittee) NANCY A. ORY	Firm or Company Name LEVENTHAL SENTER & LERMAN PLLC	
Mailing Address 2000 K STREET, NW, SUITE 600		
City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20006 - 1809
Telephone Number (include area code) 2024166791	E-Mail Address (if available) NORY@LSL-LAW.COM	
3. 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"/> Noncommercial Educational Licensee/Permittee <input type="radio"/> Other		
4. a. <input checked="" type="radio"/> Voluntary Assignment or Transfer of Control <input type="radio"/> Involuntary Assignment or Transfer of Control <input type="radio"/> Amendment to pending application File number of pending application: -  If an amendment, submit as an Exhibit a listing, by Section and Question Number, of the portions of the pending application that are being revised. [Exhibit 1]  b. Applicant certifies that the use of FCC Form 316 is appropriate for this transaction. <input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 2]		

**NOTE: In addition to the information called for in this section, an explanatory exhibit providing full particulars must be submitted for each question for which a "No" response is provided.**

**Section II - Assignor/Transferor**

<b>1. Certification.</b> Assignor/Transferor certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Assignor/Transferor further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application instructions and worksheets.			<input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>2. Application for (check one):</b>	<input type="radio"/>	Consent to Assign Construction Permit	<input type="radio"/>	Consent to Transfer Control of Permittee
	<input checked="" type="radio"/>	Consent to Assign License	<input type="radio"/>	Consent to Transfer Control of Licensee
	<input type="radio"/>	Amendment to pending application		
<b>3. Legal Name of the Assignor/Transferor</b> SKIP MARROW Mailing Address P.O. BOX 434 City OLYMPIA State or Country (if foreign address) WA Zip Code 98507 - Telephone Number (include area code) 8007692739 E-Mail Address (if available) N/A				
<b>4. Contact Representative (if other than Assignor/Transferor)</b> NANCY ORY Firm or Company Name LEVENTHAL SENTER & LERMAN PLLC Mailing Address 2000 K STREET, NW, SUITE 600 City WASHINGTON State or Country (if foreign address) DC Zip Code 20006 - 1809 Telephone Number (include area code) 2024166791 E-Mail Address (if available) NORY@LSL-LAW.COM				
If more than one Transferor, submit the information requested in Questions 3 and 4 for each transferor.				[Exhibit 3]
<b>5. Authorizations to be Assigned/Transferred.</b> List the authorized stations and construction permits to be assigned/transferred. Provide the Facility Identification Number and the Call Sign, or the Facility Identification Number and the File Number of the Construction Permit, and the location, for each station to be assigned/transferred. Include main stations, FM and/or TV translator stations, LPTV stations, SCA, FM and/or TV booster stations, and associated auxiliary service stations.  [Enter Station Information]				
List the authorized stations and construction permits to be assigned/transferred. Provide the Facility Identification Number and the Call Sign, or the Facility Identification Number and the File Number of the Construction Permit, and the location, for each station to be assigned/transferred. Include main stations, FM and/or TV translator stations, LPTV stations, SCA, FM and/or TV booster stations, and associated auxiliary service stations.				
Facility ID Number	Call Sign	or Construction Permit File Number	City	State
26893	KBRD	-	LACEY	WA

Facility ID Number	Call Sign or Construction Permit File Number	City	State
3711	KLDY -	LACEY	WA
<b>6. Agreements for Sale/Transfer of Station.</b> a. If the transaction is voluntary, Assignor/Transferor certifies that: i. it has placed in licensee's/permittee's public inspection file(s) and submitted as an exhibit to this item copies of all agreements for the assignment/transfer of the station(s); ii. these documents embody the complete and final understanding between assignor/transferor and assignee/transferee; and iii. these agreements comply fully with the Commission's rules and policies. b. If the transaction is involuntary, the Assignor/Transferor certifies that court orders or other authorizing documents have been issued and that it has placed in the licensee's/permittee's public inspection file(s) and submitted to the Commission copies of such court orders or other authorizing documents. <b>Exhibit Required</b>		<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A [Exhibit 4]  <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A [Exhibit 5]	
<b>7. Character Issues.</b> Assignor/Transferor certifies that neither licensee/permittee nor any party to the application has or has had any interest in, or connection with: a. any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or any party to the application; or b. any pending broadcast application in which character issues have been raised.		<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 6]	
<b>8. Adverse Findings.</b> Assignor/Transferor certifies that, with respect to the assignor/transferor and each party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to any of the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.		<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 7]	
<b>9. Anti-Drug Abuse Act Certification.</b> Assignor/transferor certifies that neither licensee/permittee nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.		<input checked="" type="radio"/> Yes <input type="radio"/> No	

I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations.

Typed or Printed Name of Person Signing SKIP MARROW	Typed or Printed Title of Person Signing SOLE PROPRIETOR
Signature	Date 10/14/2004

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).

**NOTE:** In addition to the information called for in this section, an explanatory exhibit providing full particulars must be submitted for each question for which a "No" response is provided.

**Section III - Assignee/Transferee**

<b>1. Certification.</b> Assignee/Transferee certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Assignee/Transferee further certifies that where it has made an affirmative certification below,	<input checked="" type="radio"/> Yes <input type="radio"/> No
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this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application instructions and worksheets.		
2. Legal Name of the Assignee/Transferee BJ & SKIP'S FOR THE MUSIC		
Mailing Address 125 N. TURNER		
City OLYMPIA	State or Country (if foreign address) WA	Zip Code 98506 -
Telephone Number (include area code) 8007692739		E-Mail Address (if available) N/A
3. Contact Representative (if other than Assignee/Transferee) NANCY A. ORY		Firm or Company Name LEVENTHAL SENTER & LERMAN PLLC
Mailing Address 2000 K STREET, NW, SUITE 600		
City WASHINGTON	State or Country (if foreign address) DC	Zip Code 20006 - 1809
Telephone Number (include area code) 2024166791		E-Mail Address (if available) NORY@LSL-LAW.COM
If more than one Transferee, submit the information requested in Questions 2 and 3 for each transferee.		[Exhibit 8]
4. Agreements for Sale/Transfer of Station. Assignee/Transferee certifies that: a. the written agreements in the licensee/permittee's public inspection file embody the complete and final agreement for the sale or transfer of the station(s); and b. these agreements comply fully with the Commission's rules and policies.		<input checked="" type="radio"/> Yes <input type="radio"/> No [Exhibit 9]
5. Changes in interests as a result of assignment/transfer. a. [Enter Changes in Interests Information]  or [Exhibit 10]		
b. Applicant certifies that equity interests not set forth above are non-attributable.		<input checked="" type="radio"/> Yes <input type="radio"/> No  <input type="radio"/> N/A [Exhibit 11]
6. Other Authorizations. List call signs, locations, and facility identifiers of all other broadcast stations in which assignee/transferee or any party to the application has an attributable interest.		<input checked="" type="checkbox"/> N/A [Exhibit 12]
7. Acquisition of Control. List the file number and date of grant of FCC Form 301, 314, or 315 application by which the Commission approved the qualifications of the individual or entity with a pre-existing interest in the licensee/permittee that is now acquiring control of the licensee/permittee as a result of the grant of this application.		<input type="checkbox"/> N/A [Exhibit 13]
8. Character Issues. Assignee/Transferee certifies that neither assignee/transferee nor any party to the application has or has had any interest in, or connection with: a. any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or any party to the application; or b. any pending broadcast application in which character issues have been raised.		<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 14]
9. Adverse Findings. Assignee/Transferee certifies that, with respect to the assignee/transferee and each party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to any of the following: any felony; mass media-related		<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 15]

	antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.	
10.	<b>Alien Ownership and Control.</b> Assignee/Transferee certifies that it complies with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments.	<input checked="" type="radio"/> Yes <input type="radio"/> No  See Explanation in [Exhibit 16]
11.	<b>Anti-Drug Abuse Act Certification.</b> Assignor/transferee certifies that neither licensee/permittee nor any party to the application is subject to denial of federal benefits pursuant to Section 530f of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.	<input checked="" type="radio"/> Yes <input type="radio"/> No

I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations. I hereby waive any claim to the use of any particular frequency as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and request an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

Typed or Printed Name of Person Signing SKIP MARROW	Typed or Printed Title of Person Signing SOLE DIRECTOR, BJ & SKIP'S FOR THE MUSIC
Signature	Date 10/14/2004

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 4

Description: AGREEMENT FOR SALE/TRANSFER OF STATIONS

### Attachment 4

Description
Agreement for Sale of Stations

### Exhibit 10

Description: CHANGES IN INTERESTS AS A RESULT OF ASSIGNMENT

SKIP MARROW CURRENTLY HOLDS THE LICENSES FOR STATIONS KBRD(AM) AND KLDY(AM) AS A SOLE PROPRIETORSHIP. UPON RECEIPT OF FCC CONSENT AND CONSUMMATION OF THE ASSIGNMENT OF LICENSE, THE LICENSES FOR STATIONS KBRD(AM) AND KLDY(AM) WILL BE HELD BY BJ & SKIP'S FOR THE MUSIC, A PUBLIC BENEFIT NONPROFIT CORPORATION ORGANIZED UNDER THE STATE OF WASHINGTON. MR. MARROW WILL BE THE SOLE DIRECTOR OF BJ & SKIP'S FOR THE MUSIC.

### Attachment 10

### Exhibit 13

Description: ACQUISITION OF CONTROL

SKIP MARROW ACQUIRED THE LICENSES OF KBRD AND KLDY PURSUANT TO THE FOLLOWING FILE NUMBERS:

KBRD(AM): BAL-19940912EB

KLDY(AM): BAL-19960719ED

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**Attachment 13**

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**ASSIGNMENT AND ASSUMPTION AGREEMENT**

This Assignment and Assumption Agreement is made as of October 13, 2004, by and between Skip Marrow ("*Marrow*") and BJ and Skip's for the Music, a public benefit nonprofit corporation organized under the Revised Code of Washington ("*BJSM*").

WHEREAS, Marrow is the licensee of Stations KBRD(AM), Facility ID #26893, Lacey, WA, and KLDY(AM), Facility ID #3711, Lacey, WA (the "*Stations*").

WHEREAS, Marrow desires to convey the Stations and related assets to BJSM.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Marrow and BJSM hereby take the following actions and make the following agreements:

(1) Subject to FCC consent, Marrow does hereby transfer, assign, convey and deliver to BJSM, its successors and assigns, free and clear of all debts, liens, security interests, mortgages, trusts, claims, liabilities and encumbrances, all of Marrow's rights in and to the assets and in and to the permits and other authorizations issued to Marrow by any governmental authority and used, held for use or necessary in the conduct of the business and operations of the Stations.

(2) Subject to FCC consent, BJSM hereby assumes, purchases, acquires and accepts all of Marrow's rights in and to the assets and in and to the permits and other authorizations issued to Marrow by any governmental authority and used, held for use or necessary in the conduct of the business and operations of the Stations.

IN WITNESS WHEREOF, the undersigned have caused this Assignment and Assumption to be duly executed as of the date first written above.

**SKIP MARROW**

*Skip Marrow*

**BJ AND SKIP'S FOR THE MUSIC**

By: *Skip Marrow*

Name: *SKIP MARROW*

Title: *President*

**FCC MB - CDBS Electronic Filing**  
**Application Reference Number: 20041014AEH**  
**Successfully filed at Oct 14 2004 2:50PM**

**A Fee Payment is Required for this application.**

You can use the FCC's Electronic Form 159 System to pay electronically and/or to print out an appropriate Form 159. Press the button below now or return to this screen later by pressing the "Pay Fee" button on the CDBS Main Menu. See the [CDBS User's Guide](#) for more information about fee payment.

Electronic Form 159

Return to Main Menu

Payment must be received by Mellon Bank within 14 (calendar) days of the date that the application is officially received by the Media Bureau's electronic filing system (indicated by the reference number above). This deadline applies to any payment submission method (electronic or via a paper check). If payment is not received in time, the filed application will be considered to be **not paid** and will therefore not be processed by the MB.