

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (June 2014)	FOR FCC USE ONLY
<b>FCC 323</b> <b>OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS</b>  Read <a href="#">Form Instructions</a> before filling out form (PDF format) and <a href="#">FAQ</a> .		FOR COMMISSION USE ONLY FILE NO.

**Section I - General Information**

1.	Legal Name of the Respondent BJ AND SKIP'S FOR THE MUSIC FOUNDATION	
	Street Address (1) PO BOX 7034	
	Street Address (2)	
	City OLYMPIA	State or Country (if foreign address) WA
		ZIP Code 98507 -
	Telephone Number (include area code) 3604916800	E-Mail Address (if available) SKIP@KBRD.ORG
	FCC Registration Number: 0003770450	Call Sign KBRD
		Facility ID Number 26893
2.	Contact Representative ADRIAN DEBEE	Firm or Company Name BJ AND SKIP'S FOR THE MUSIC FOUNDATION
	Street Address (1) PO BOX 7034	
	Street Address (2)	
	City OLYMPIA	State or Country (if foreign address) WA
		ZIP Code 98507 -
	Telephone Number (include area code) 3604916800	E-Mail Address (if available) SKIP@KBRD.ORG
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 checked="" type="radio"/> Other <b>NON-PROFIT ENTITY</b> <input type="radio"/> N/A (Fee Required)	
5.	All of the information furnished in this Report is accurate as of <b>10/1/2015</b> (mm/dd/yyyy) <i>(Date entered must be Oct. 1 of the filing year when filing a Biennial Ownership Report; or 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, submit as an Exhibit a listing by Section and Question Number the portions of the previous Report that are being revised.	
	<b>Exhibit 1</b>	
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)

BJ AND SKIP'S FOR THE MUSIC FO	0003770450	FRN Help: <a href="#">CORES Home</a>
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**Collapse Subform**

**Station List**

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service	Delete Copy
1.	KBRD	26893	LACEY WA	AM	<input type="checkbox"/>
<input type="text" value="1"/> to <input type="text" value="1"/> <input type="button" value="Show Copies"/> <input type="button" value="Show All Copies"/> (1)					<input type="checkbox"/>
<input type="text" value="1"/> <input type="button" value="Add Copies"/> <input type="button" value="Delete Selected"/>					(Check/Uncheck All)
<input type="button" value="Validate Subform"/> <input type="button" value="Save Subform"/>					

8. Respondent is:

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

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

**Section II-B - Biennial Ownership Information**

1. Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, or Respondents with a majority interest in or that otherwise exercise de facto control over the subject Licensee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/JSA or network affiliation agreements.

Not Applicable

**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)	Delete Copy
1.	ARTICLES OF INCORPORATIO	SKIP MARROW	Month September Year 2004	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	<input type="checkbox"/>
2.	BYLAWS	BJ AND SKIPS FOR THE MUSI	Month February Year 2005	Month Year <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other	<input type="checkbox"/>
3.	CERTIFICATE OF INCORPORA	STATE OF WASHINGTON	Month September Year	Month Year	<input type="checkbox"/> LMA/JSA	<input type="checkbox"/>

	2004	<input type="checkbox"/> No Expiration Date	Network Affiliation Agreement <input checked="" type="checkbox"/> Other	
<input type="text" value="1"/> to <input type="text" value="3"/>	<input type="button" value="Show Copies"/>	<input type="button" value="Show All Copies"/>	(3)	<input type="checkbox"/> (Check/Uncheck All)
<input type="text" value="1"/>	<input type="button" value="Add Copies"/>	<input type="button" value="Delete Selected"/>		
<input type="button" value="Validate Subform"/>		<input type="button" value="Save Subform"/>		

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

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			Delete Copy
I.	Name	BJ AND SKIP'S FOR THE MUSIC FO	<input type="checkbox"/>
	Address	Street PO BOX 7034  City/State OLYMPIA, WA Postal/ZIP Code 98507 - 7034 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"/> 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): RESPONDENT
FCC Registration Number	0003770450 <span style="float: right;">Special Use FRN</span> If Respondent is unable to provide an FRN for an individual attributable interest holder reported in this listing, press above button .
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity <input type="checkbox"/> Hispanic or Latino <input 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 type="checkbox"/> White Citizenship US
Percentage of votes	0 % Please enter a percent value from 0-100%
Percentage of equity	0 % Please enter a percent value from 0-100%
Percentage of total assets (equity debt plus)	0 % Please enter a percent value from 0-100%

2.	Name ADRIAN DEBEE	<input type="checkbox"/>
	Address Street PO BOX 7034 City/State OLYMPIA , WA Postal/ZIP Code 98507 - 7034 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/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	999004416 <span style="float: right;">Special Use FRN</span> If Respondent is unable to provide an FRN for an individual attributable interest holder reported in this listing, press above button .
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 % Please enter a percent value from 0-100%
Percentage of equity	0 % Please enter a percent value from 0-100%
Percentage of total assets (equity debt plus)	0 % Please enter a percent value from 0-100%

3.	Name	DIANE SKOV
	Address	Street
		PO BOX 7034
		City/State
OLYMPIA, WA		
	Postal/ZIP Code	98507 - 7034
	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 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 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	9990044159 <span style="float: right;">Special Use FRN</span> If Respondent is unable to provide an FRN for an individual attributable interest holder reported in this listing, press above button .
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	0 % Please enter a percent value from 0-100%
Percentage of equity	0 % Please enter a percent value from 0-100%
Percentage of total assets (equity debt plus)	0 % Please enter a percent value from 0-100%

4.	Name	JINA BAILEY
	Address	Street PO BOX 7034
		City/State OLYMPIA , WA
		Postal/ZIP Code 98507 - 7034
Country (if not U.S.)		
Listing Type	<input type="radio"/> Respondent <input type="radio"/> Other Interest Holder	
Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of 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 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	9990044142 <span style="float: right;">Special Use FRN</span> If Respondent is unable to provide an FRN for an individual attributable interest holder reported in this listing, press above button .
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	0 % Please enter a percent value from 0-100%
Percentage of equity	0 % Please enter a percent value from 0-100%
Percentage of total assets (equity debt plus)	0 % Please enter a percent value from 0-100%

5.	Name	JACK ONDRACEK	<input type="checkbox"/>	
	Address	Street		PO BOX 7034
		City/State		OLYMPIA , WA
		Postal/ZIP Code		98507 - 7034
		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 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 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	9990108038 <span style="float: right;">Special Use FRN</span> If Respondent is unable to provide an FRN for an individual attributable interest holder reported in this listing, press above button .														
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 % Please enter a percent value from 0-100%														
Percentage of equity	0 % Please enter a percent value from 0-100%														
Percentage of total assets (equity debt plus)	0 % Please enter a percent value from 0-100%														
6.	<table border="1"> <tr> <td>Name</td> <td>LESLIE GIMARESE</td> </tr> <tr> <td rowspan="5">Address</td> <td>Street PO BOX 7034</td> </tr> <tr> <td>City/State OLYMPIA, WA</td> </tr> <tr> <td>Postal/ZIP Code 98507 - 7034</td> </tr> <tr> <td>Country (if not U.S.)</td> </tr> <tr> <td></td> </tr> <tr> <td>Listing Type</td> <td> <input type="radio"/> Respondent  <input checked="" type="radio"/> Other Interest Holder                 </td> </tr> <tr> <td>Relationship to Licensee</td> <td> <input type="radio"/> Licensee (or Officer/Director of Licensee)  <input checked="" type="radio"/> Person with attributable interest  <input type="radio"/> Entity with attributable interest                 </td> </tr> <tr> <td>Positional Interest (Check all that apply)</td> <td> <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                 </td> </tr> </table>	Name	LESLIE GIMARESE	Address	Street PO BOX 7034	City/State OLYMPIA, WA	Postal/ZIP Code 98507 - 7034	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 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 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
Name	LESLIE GIMARESE														
Address	Street PO BOX 7034														
	City/State OLYMPIA, WA														
	Postal/ZIP Code 98507 - 7034														
	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 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 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	9990108046 <span style="float: right;">Special Use FRN</span> If Respondent is unable to provide an FRN for an individual attributable interest holder reported in this listing, press above button .
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	0 % Please enter a percent value from 0-100%
Percentage of equity	0 % Please enter a percent value from 0-100%
Percentage of total assets (equity debt plus)	0 % Please enter a percent value from 0-100%

7.	Name	BOB DAEGLER
	Address	Street PO BOX 7034
		City/State OLYMPIA , WA
		Postal/ZIP Code 98507 - 7034
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 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 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	<input type="text" value="9990108053"/> <input type="button" value="Special Use FRN"/> If Respondent is unable to provide an FRN for an individual attributable interest holder reported in this listing, press above button .
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 <input type="text" value="US"/>
Percentage of votes	<input type="text" value="0"/> % Please enter a percent value from 0-100%
Percentage of equity	<input type="text" value="0"/> % Please enter a percent value from 0-100%
Percentage of total assets (equity debt plus)	<input type="text" value="0"/> % Please enter a percent value from 0-100%
<input type="text" value="1"/> to <input type="text" value="7"/> <input type="button" value="Show Copies"/> <input type="button" value="Show All Copies"/> (7)	
<input type="text" value="1"/> <input type="button" value="Add Copies"/> <input type="button" value="Delete Selected"/>	
<input type="checkbox"/> (Check/Uncheck All)	
<input type="button" value="Validate Subform"/> <input type="button" value="Save Subform"/>	

(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 <input type="button" value="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?  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 <a href="#">Click Here</a> .	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="button" value="Broadcast Interests Subform"/> OR <input type="button" value="Broadcast Interests Spreadsheet"/>	
<input type="button" value="Newspaper Interests Subform"/> OR <input type="button" value="Newspaper Interests Spreadsheet"/>	

(d.)	<p>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.</p> <p><b>Enter Familial Relationships Information</b></p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>
(e.)	<p>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.</p> <p><b>Enter Attribution Exemption Information</b></p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>
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>	<p><input checked="" type="checkbox"/> N/A</p>
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>	<p><input checked="" type="checkbox"/> N/A <b>Exhibit 5</b></p>

**SECTION III - CERTIFICATION**

I certify that I am PRESIDENT

(Official Title)

of BJ AND SKIP'S FOR THE MUSIC FO

(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 <u>Adrian DeBee</u>	Date <u>11/30/2015</u>
Telephone Number of Respondent (Include area code) <u>3604916800</u>	

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).

[Validate](#) | [Save](#) | [Edit FRN](#) | [Menu](#)

# Federal Communications Commission

**FCC MB - CDBS Electronic Filing**

**Account number: 929330**

**Description: BIENNIAL OWNERSHIP REPORT**

**Application Reference Number: 20151130CTV**

**Successfully filed at Nov 30 2015 1:11PM**

**Based on the information supplied, no fee is required.**

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