Agency Tracking ID:PGC3215481 Authorization Number:615275

Successful Authorization -- Date Paid: 2/25/19 FILE COPY ONLY!!

READ INSTRUCTIONS	FEDERAL COMMUNICATION	IS COMMISSION	APPROVED BYOMB
CAREFULLY BEFORE	REMITTANCE	3060-059	
PROCEEDING	FORM 159	SPECIAL USE	
	PAGE NO 1 OF		ECC LIST ONLY
(1) LOCKBOX # 979089			FCC USE ONLY
	SECTION A - Pa	yer Information	
	y credit card, enter name exactly as it appears on your ca		3) TOTAL AMOUNT PAID (dollars and cents)
Tri-Star Media, LLC			6725.00
(4) STREET ADDRESS LINE			
158 West 1600 South, S			
(5) STREET ADDRESS LINE	NO. 2		
P. O. Box 1194			
(6) CITY		(7) STATE	(8) ZIP CODE
St. George		UT	84771-1194
	UMBER (INCLUDING AREA CODE)	(10) COUNTRY CODE	E (IF NOT IN U.S.A.)
435-6281000 x1		US	:
/	FCC REGISTRATION NUMBER (FRN) AND TAX	IDENTIFICATION NUMBER (TIN) REQUIRED
(11) PAYER (FRN)		(12) FCC USE ONLY	
0026980409			
	IF PAYER NAME AND THE APPLICANT NAM		
	IF MORE THAN ONE APPLICANT, USE	CONTINUATION SHEETS (FOR	RM 159-C)
(13) APPLICANT NAME Tri-Star Media, LLC			
(14) STREET ADDRESS LINE 158 West 1600 South, S			
(15) STREET ADDRESS LINE		the state of the s	
P. O. Box 1194	. NO. 2		
(16) CITY		(17) STATE	(18) ZIP CODE
St. George		UT	84771-1194
	NUMBER (INCLUDING AREA CODE)	(20) COUNTRY CODE	
435-6281000 x1	(0.02021.01.11.21.0022)	US	Z(II NOT IN U.S.A.)
	FCC REGISTRATION NUMBER (FRN) AND TAX		TIN) REQUIRED
(21) APPLICANT (FRN)		(22) FCC USE ONLY	
0026980409		() 1 00 002 01121	
COMPI	LETE SECTION C FOR EACH SERVICE, IF MOR	E BOXES ARE NEEDED, USE (CONTINUATION SHEET
(23A) FCC Call Sign/Other ID		(24A) Payment Type Code(PTC)	(25A) Quantity
	KZEZ	MMR	1
(26A) Fee Due for (PTC)		(27A) Total Fee	FCC Use Only
I	1		

\$725.00	\$725.00		
(28A) FCC CODE I	(29A) FCC CODE 2		
979089 979089			
	and the state of t	alletinistiskin valida littera-appopulation in tillitiin valinning papera met kan ket tim valende et tit en en eusko ja utee	
(23B) FCC Call Sign/Other ID	(24B) Payment Type Code(PTC)	(25B) Quantity	
(26B) Fee Due for (PTC)	Fee Due for (PTC) (27B) Total Fee FCC Use Only		

Received & Inspected

ROCKWELL MEDIA SERVICES, LLC

"Broadcast Property Development and Marketing Specialist"
158 West 1600 South, Suite 200, P.O. Box 1194, St. George, Utah 84771
(435) 628-1000 – Fax (435) 628-6636 – Cell (435) 668-5331
morgan@rockwellmedia.net

February 23, 2019

Marlene H. Dortch, Secretary Federal Communication Commission 445 12th Street, SW, RM TW-A325 Washington, DC 20554 ATT: Joe Szczesny

RE: Tri-Star Media, LLC – KZEZ(AM) Broadcast License Application

Dear Ms. Dortch,

Please date stamp and return a copy of the attached Broadcast License Application submission for KZEZ(AM), Santa Clara, UT in the self addressed stamped envelope.

Thank you for your consideration.

E. Morgan Skinner,

Managing Parmer

2019 MAR

語の上

.

Federal	Com	mui	nic	ations	Commission
Washing	gton,	D. 1	C.	20554	

REMITTANCE.

Approved by OMB 3060-0627

FCC 302-AM APPLICATION FOR AM BROADCAST STATION LICENSE

FOR FCC	
USE	

FOR COMMISSION USE ONLY

SECTION I - APPLICANT FEE INFORMATION 1. PAYOR NAME (Last, First, Middle Initial) Carpenter, Ray MAILING ADDRESS (Line 1) (Maximum 35 characters) 845 Red Hills Parkway MAILING ADDRESS (Line 2) (Maximum 35 characters) CITY St George STATE OR COUNTRY (if foreign address) Lip CODE 84770 STATE OR COUNTRY (if foreign address) EXP CODE 84770 CALL LETTERS OTHER FCC IDENTIFIER (if applicable) 435-656-0253 2. A. Is a fee submitted with this application? Governmental Entity Noncommercial educational licensee Other (Please explain): C. If Yes, provide the following information: Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C). (A) (B) (C) FEE DUE FOR FEE TYPE CODE IN COLUMN (B) FEE TYPE O O O O 1 S \$725.00 To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code. (A) (B) (C) FOR FCC USE ONLY FOR FCC USE ONLY	(Please read instructions before filling out form.	FILE NO.	-2019	030/AB4
Carpenter, Ray MAILING ADDRESS (Line 1) (Maximum 35 characters) 845 Red Hills Parkway MAILING ADDRESS (Line 2) (Maximum 35 characters) CITY St George STATE OR COUNTRY (if foreign address) Lip CODE 84770 CALL LETTERS OTHER FCC IDENTIFIER (if applicable) 435-636-0253 2. A. Is a fee submitted with this application? B. If No, indicate reason for fee exemption (see 47 C.F.R. Section Governmental Entity Noncommercial educational licensee Other (Please explain): C. If Yes, provide the following information: Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C). (A) (B) FEE TYPE ODE IN COLUMN (A) FOR FCC USE ONLY	SECTION I - APPLICANT FEE INFORMATION		· · · · · · · · · · · · · · · · · · ·	
MAILING ADDRESS (Line 1) (Maximum 35 characters) MAILING ADDRESS (Line 2) (Maximum 35 characters) CITY St George CALL LETTERS COUNTRY (if foreign address) Utah CALL LETTERS OTHER FCC IDENTIFIER (if applicable) 435-656-0253 2. A. Is a fee submitted with this application? B. If No, indicate reason for fee exemption (see 47 C.F.R. Section Governmental Entity Noncommercial educational licensee Other (Please explain): C. If Yes, provide the following information: Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C). (A) (B) FEE TYPE CODE	1. PAYOR NAME (Last, First, Middle Initial)			
MAILING ADDRESS (Line 2) (Maximum 35 characters) CITY St George STATE OR COUNTRY (if foreign address) Utah CALL LETTERS VEEZ OTHER FCC IDENTIFIER (if applicable) A35-636-0253 CALL LETTERS Ves No B. If No, indicate reason for fee exemption (see 47 C.F.R. Section Governmental Entity Noncommercial educational licensee Other (Please explain): C. If Yes, provide the following information: Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C). (A) (B) FEE TYPE TYPE CODE TYPE CO	Carpenter, Ray			
CITY St George STATE OR COUNTRY (if foreign address) Utah TELEPHONE NUMBER (include area code) 435-656-0253 CALL LETTERS CALL LETTER				
St George TELEPHONE NUMBER (include area code) 435-656-0253 2. A. Is a fee submitted with this application? B. If No, indicate reason for fee exemption (see 47 C.F.R. Section Governmental Entity Noncommercial educational licensee Other (Please explain): C. If Yes, provide the following information: Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C). (A) (B) FEE TYPE FEE MULTIPLE O 0 0 1 FEE DUE FOR FEE TYPE CODE IN COLUMN (A) \$725.00 To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code. (C) FOR FCC USE ONLY	MAILING ADDRESS (Line 2) (Maximum 35 characters)			
2. A. Is a fee submitted with this application? B. If No, indicate reason for fee exemption (see 47 C.F.R. Section Governmental Entity Noncommercial educational licensee Other (Please explain): C. If Yes, provide the following information: Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C). (A) (B) FEE TYPE TYPE CODE IN COLUMN (A) WM R (C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A) \$ \$725.00 To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.	CITY St George		eign address)	
B. If No, indicate reason for fee exemption (see 47 C.F.R. Section Governmental Entity Noncommercial educational licensee Other (Please explain): C. If Yes, provide the following information: Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C). (A) (B) FEE TYPE FEE MULTIPLE O 0 0 1 S\$725.00 To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code. (A) (B) FOR FCC USE ONLY FOR FCC USE ONLY			OTHER FCC IDE	NTIFIER (If applicable)
Governmental Entity Noncommercial educational licensee Other (Please explain): C. If Yes, provide the following information: Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C). (A) (B) FEE TYPE O D D D To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code. (A) (B) FOR FCC USE ONLY FOR FCC USE ONLY FOR FCC USE ONLY FOR FCC USE ONLY	2. A. Is a fee submitted with this application?			✓ Yes No
C. If Yes, provide the following information: Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C). (A) (B) (C) FEE TYPE (C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A) S\$725.00 To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.	B. If No, indicate reason for fee exemption (see 47 C.F.R. Section			
Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C). (A) (B) (C) FEE TYPE FEE MULTIPLE O 0 0 1 To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code. (A) (B) (C) FOR FCC USE ONLY FOR FCC USE ONLY FOR FCC USE ONLY	Governmental Entity Noncommercial educ	ational licensee Ot	her (Please explair	n):
Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C). (A) (B) (C) FEE TYPE FEE MULTIPLE COLUMN (A) M M R (C) FEE OUE FOR FEE TYPE CODE IN COLUMN (A) \$725.00 To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code. (A) (B) (C) FOR FCC USE ONLY FOR FCC USE ONLY	C. If Yes, provide the following information:			
FEE TYPE STATE OF THE TYPE CODE IN COLUMN (A) When you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code. (A) (B) FEE DUE FOR FEE TYPE CODE IN COLUMN (A) \$ \$725.00 FOR FCC USE ONLY FOR FCC USE ONLY				
FEE TYPE STATE OF THE TYPE CODE IN COLUMN (A) When you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code. (A) (B) FEE DUE FOR FEE TYPE CODE IN COLUMN (A) \$ \$725.00 FOR FCC USE ONLY FOR FCC USE ONLY				
FEE TYPE CODE IN COLUMN (A) M M R O O O 1 S\$725.00 To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.	(A) (B)			
M M R 0 0 0 1 \$\$725.00 To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code. (A) (B) (C) FOR FCC USE ONLY	FEE TYPE FEE MULTIPLE	TYPE CODE IN		FOR FCC USE ONLY
(A) (B) (C) FOR FCC USE ONLY	M M R 0 0 0 1	1		
(A) (B) (C) FOR FCC USE ONLY	To be used only when you are sounding any work actions which we	L		
FOR FCC USE ONLY			e than one Fee Typ	De Code.
				FOR FCC USE ONLY
ADD ALL AMOUNTS SHOWN IN COLUMN C, AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED TOTAL AMOUNT REMITTED WITH THIS APPLICATION \$ \$725.00	AND ENTER THE TOTAL HERE.	REMITTED WITH THI APPLICATION	S	FOR FCC USE ONLY

Received & Inspected

MAR 0 1 2019

FCC Mailroom

SECTION II - APPLICAN 1. NAME OF APPLICANT Tri Star Media LLC	T INFORMATION				
MAILING ADDRESS 845 Red Hills Parkway					
CITY St George			STATE Utah		ZIP CODE 84770
2. This application is for:	Commercial AM Direct	tional	Noncomm	nercial lon-Directional	
Call letters	Community of License	Construct	ion Permit File No.	Modification of Construction	Expiration Date of Last
KZEZ	Santa Clara, Utah	BMP2	0171018ABD	Permit File No(s).	Construction Permit July 29,2020
3. Is the station no accordance with 47 C.F. If No, explain in an Exhi		to auto	matic program	test authority in	Yes No Exhibit No.
4. Have all the terms construction permit been	s, conditions, and oblig n fully met?	ations s	et forth in the	above described	Yes No
If No, state exceptions in	n an Exhibit.				
the grant of the underl	5. Apart from the changes already reported, has any cause or circumstance arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect?				
If Yes, explain in an Ex	hibit.				Exhibit No.
6. Has the permittee filed its Ownership Report (FCC Form 323) or ownership certification in accordance with 47 C.F.R. Section 73.3615(b)?					Yes No Does not apply
If No, explain in an Exhi	bit.				Exhibit No.
or administrative body v criminal proceeding, bro	ing been made or an advith respect to the application of the application of the provision elated antitrust or unfainit; or discrimination?	ant or pa	rties to the appli law relating to t	ication in a civil or he following: any	Yes V No
If the answer is Yes, attach as an Exhibit a full disclosure of the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application, the call letters of the station regarding which the application or Section 1.65 information was filed, and the date of filing; and (ii) the disposition of the previously reported matter.					

8. Does the applicant, or any party to the application, have the expanded band (1605-1705 kHz) or a permit or license expanded band that is held in combination (pursuant to the 5 with the AM facility proposed to be modified herein?	either in the existing band	or		
If Yes, provide particulars as an Exhibit.		Exhibit No.		
The APPLICANT hereby waives any claim to the use of any	v particular frequency or of	the electromagnetic spectrum as		
against the regulatory power of the United States becaus requests and authorization in accordance with this application amended).	e use of the same, wheth	er by license or otherwise, and		
The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in				
CERTIFI	CATION			
 By checking Yes, the applicant certifies, that, in the case or she is not subject to a denial of federal benefits that incl to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U case of a non-individual applicant (e.g., corporation, partner association), no party to the application is subject to a deincludes FCC benefits pursuant to that section. For the depurposes, see 47 C.F.R. Section 1.2002(b). I certify that the statements in this application are true, containing the content of the case of the c	udes FCC benefits pursuan .S.C. Section 862, or, in the ship or other unincorporated enial of federal benefits that finition of a "party" for these	t e d t		
and are made in good faith.	omplete, and correct to the t	est of my knowledge and belief,		
Name	Signature	Q		
Ray Carpenter	oy Carp	eater		
Title	Date	Telephone Number		
Manager	2/22/2019	435-656-0253		

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

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of the application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on the form is not provided, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authorization.

Public reporting burden for this collection of information is estimated to take from 4 to 20 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please e-mail them to pra@fcc.gov or send to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0627), Washington, DC 20554. Do NOT send completed forms to this address. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail yo provide you with this notice. This collection has been assigned an OMB control number of 3060-0627.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.

		LICATION ENGI	NEERING DATA	4			
Name of Applicant Tri Star Media LLC							
Iri Star I	Media LL	C					
PURPOSE OF A	UTHORIZATIO	ON APPLIED FOR	: (check one)				
<u>~</u> 5	Station License	:	Direct Me	asurement of Powe	er		
1. Facilities auth	orized in const	ruction permit					
Call Sign	l .	enstruction Permit	Frequency	Hours of Operat	tion	Power in	kilowatts
KZEZ	(if applicable) BMP-201710		(kHz) 1490	24		Night 1000	Day 1000
2. Station location	n						
State				City or Town			
Utah				St George	e/Washing	gton	
3. Transmitter lo	cation						
State	County			City or Town		Street address	
Utah			St George		(or other identification	ation)	
				or deorge			
4. Main studio location State County City or Town Street address							
State County			City or Town		(or other identification	ation)	
St George	Washing	ton		St George		845 Red Hills Pa	
5. Remote control point location (specify only if authorized directional antenna)							
State County City or Town Street address (or other identification)					ation)		
						(or other identifica	2001)
6. Has type-approved stereo generating equipment been installed? 7. Does the sampling system meet the requirements of 47 C.F.R. Section 73.68? Yes No Not Applicable Attach as an Exhibit a detailed description of the sampling system as installed. Exhibit No.							
8. Operating con		urrent (in amperes)	without	RF common poi	int or antenna	current (in ampere	e) without
modulation for nig			, widiod:	modulation for d			o) walout
Measured antenn		point resistance (ir	ohms) at	Measured anter		point reactance (in ohms) at
Night	-	Day		Night	•	Day	
48 48 423 423							
Antenna indicatio	ns for direction						
Antenna monitor Towers Phase reading(s) in degrees		Antenna mon current ra		Antenna b	ase currents		
		Night	Day	Night	Day	Night	Day
						-	
Manufacturer and	type of anten	na monitor:					

SECTION III - Page 2

9. Description of antenna system ((f directional antenna is used, the information requested below should be given for each element of the array. Use separate sheets if necessary.) Type Radiator Overall height in meters of Overall height in meters Overall height in meters If antenna is either top radiator above base above ground (without above ground (include loaded or sectionalized, describe fully in an insulator, or above base, if obstruction lighting) obstruction lighting) Exhibit. grounded. Exhibit No. 32.9184 32.9184 32 004 Vertical Shunt Fed UNIPOLE Series Shunt Excitation Geographic coordinates to nearest second. For directional antenna give coordinates of center of array. For single vertical radiator give tower location. North Latitude 37 West Longitude 113 06 42.0 43.2 30 If not fully described above, attach as an Exhibit further details and dimensions including any other Exhibit No. antenna mounted on tower and associated isolation circuits. Also, if necessary for a complete description, attach as an Exhibit a sketch of the details and Exhibit No. dimensions of ground system. 10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit? Washington City and US Fish and Wildlife required a 3 foot base to keep tower out of any possible flood waters. 11. Give reasons for the change in antenna or common point resistance. I certify that I represent the applicant in the capacity indicated below and that I have examined the foregoing statement of technical information and that it is true to the best of my knowledge and belief. Name (Please Print or Type) Signature (check appropriate box below) Ray Carpenter Address (include ZIP Code) Date 845 Red Hills Parkway St George, Utah 84770 Telephone No. (Include Area Code) 435-656-0253 Technical Director Registered Professional Engineer Chief Operator **Technical Consultant** Other (specify)

FCC 302-AM (Page 5) August 1995

Received & Inspected

Commercial Broadcast Stations Non-Biennial Ownership Report (FCC Form 323)

File Number: 0000068025 Submit Date: 2019-02-25 FRN: 0025774332

Status Date: Purpose: Commercial Broadcast Stations Non-Biennial Ownership Report Status: Submitted

02/25/2019 Filing Status: Active

Section I - General Information

1		R	es	p	0	n	d	е	n	ŧ
---	--	---	----	---	---	---	---	---	---	---

FRN	Entity Name		
0026980409	Tri-Star Media, LLC		

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
845 East Redhills Parkway	St. George	UT	84770	+1 (435) 656- 0253	c. ray@skyviewtech. com

2. Contact Representative

Name	Organization
Morgan Skinner	Rockwell Media, Services, LLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 1194 158 West	St. George	UT	84771	+1 (435) 628- 1000	morgan@rockwellmedia.
1600 South, Suite 200					

3. Application Filing Fee

Not Applicable

4. Nature of Respondent

(a) Provide the following information about the	Respondent:
Relationship to stations/permits	Permittee
Nature of Respondent	Limited liability company
(b) Provide the following information about thi	s report:
Purpose	Report filed by Permittee in conjunction with Permittee's application for a station license
"As of" date	12/29/2018
	When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this
	date must be Oct. 1 of the year in which this report is filed.

5. Licensee(s) /Permittees(s) and Station(s) /Permit(s)

Respondent is filling this report to cover the following Licensee(s)/Permittee(s) and station(s)/permit(s):

Licensee/Permittee	e Name		FRN	
Tri-Star Media, LLC	;		0026980409	
Fac. ID No.	Call Sign	City	State	Service
160278	KZEZ	SANTA CLARA	UT	AM
201450	K264CT	SANTA CLARA	UT	FX

Section II - Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 Documents

Licensee/Permittee Respondents should list all contracts and other instruments required to be filed pursuant to 47 C.F.R. Section 73.3613 for the facility or facilities listed on this report. If the agreement is an attributable Local Marketing Agreement (LMA), an attributable Joint Sales Agreement (JSA), or a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee/Permittee Respondents should select "Not Applicable" in response to this question.

Not Applicable.

2. Ownership Interests

(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, non-insulated partners, non-insulated members, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) or Permittee(s) for which the report is being submitted.

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 a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) or Permittee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information		
FRN	0026980409	
Entity Name	Tri-Star Media, LLC	
Address	PO Box	
	Street 1	845 East Redhills Parkway
	Street 2	
	City	St. George
	State ("NA" if non-U.S. address)	UT
	Zip/Postal Code	84770

	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
Positional Interests (check all that apply)	Respondent		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%	

FRN	9990135558		
Name	B. Ray Carpenter		
Address	РО Вох		
	Street 1	845 East Red Hills Par	rkway
	Street 2		
	City	St. George	
	State ("NA" if non-U.S. address)	UT	
	Zip/Postal Code	84770	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, LC/LLC/PLLC Member	er	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	90.0%	Jointly Held? No
110111 0.0 (0 100.0)	Total assets (Equity Debt Plus)	90.0%	

Ownership Informati	on	
FRN	9990135559	
Name	Gail C. Smith	
Address	PO Box	
	Street 1	845 East Red Hills Parkway
	Street 2	
	City	St. George
	State ("NA" if non-U.S. address)	UT

	Zip/Postal Code	84770	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, LC/LLC/PLLC Member	er er	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	10.0%	Jointly Held? No
	Total assets (Equity Debt Plus)	10.0%	
Does interest holder have that do not appear on this	an attributable interest in one or report?	or more broadcast stations	No
(b) Respondent certifies the	nat any interests, including	Yes	
equity, financial, or voting filing are non-attributable.	interests, not reported in this		
If "No." submit as an exhibit	an explanation.		

(c) Does the Respondent or any reported interest holder hold an attributable interest in any newspaper entities in the same market as any station for which this report is filed, as defined in 47 C.F.R. Section 73.3555?

No

If "Yes," provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below. 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.

If using the subform, leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i). If using an XML Spreadsheet, enter "NA" into the percentage of total assets (Equity Debt Plus) field for an interest holder unless that interest holder has an attributable interest in the newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?

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.

Certification

Section	Question	Response
Authorized Party to Sign	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 LICENSEOR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	
Certification	I certify 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.	Official Title: President Exact Legal Title or Name of Respondent: Tri- Star Media, LLC Name: Brigham Ray Carpenter Phone: 4356560253