

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (October 2009)	FOR FCC USE ONLY
<b>FCC 323                  OWNERSHIP REPORT FOR COMMERCIAL                  BROADCAST STATIONS</b>		FOR COMMISSION USE ONLY FILE NO. -20100630BVS

**Section I - General Information**

1.	Legal Name of the Respondent <b>PIKES PEAK RADIO, LLC</b>	Street Address (1) 825 EDMOND STREET		
		Street Address (2)		
	City ST. JOSEPH	State or Country (if foreign address) MO	ZIP Code 64501 -	
	Telephone Number (include area code) 8162718505	E-Mail Address (if available)		
	FCC Registration Number: 0015304884	Call Sign KRDO	Facility ID Number 66250	
2.	Contact Representative ROBERT LEWIS THOMPSON	Firm or Company Name SMITHWICK & BELENDIUK, PC		
		Street Address (1) 5028 WISCONSIN AVE., NW		
		Street Address (2) SUITE 301		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20016 -	
	Telephone Number (include area code) 2023634050	E-Mail Address (if available) BTHOMPSON@FCCWORLD.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 Other <input checked="" type="radio"/> N/A (Fee Required)			
5.	All of the information furnished in this Report is accurate as of 11/01/2009 <i>(Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)</i>			
6.	Purpose: This Report is filed for: (choose one)			
	a. <input checked="" type="radio"/> Biennial			
	b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)			
	c. <input type="radio"/> Transfer of Control or Assignment of License/Permit			
	d. <input type="radio"/> Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station.			
	e. <input type="radio"/> Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)			
	f. <input type="radio"/> Amendment to a previously filed Ownership Report			File Number: -
	If an Amendment, submit as an Exhibit a listing by Section and Question Number the portions of the previous Report that are being revised.			[ 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)		

PIKES PEAK RADIO, LLC | 0015304884

**Station List**

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	KRDO	66250	COLORADO SPRINGS , COLORADO	AM Station

8. Respondent is:

- Sole Proprietorship     
  Not-for-profit corporation     
  Limited partnership  
 For-profit corporation     
  General 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 radio joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/radio JSA or network affiliation agreements.

Not Applicable

**Contract Information**

Copy	Description of contract or instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration	Agreement Type (check all that apply)
1.	LLC OPERATING AGREEMENT	LICENSEE	Month MAY Year 2006	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio 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.	Name	PIKES PEAK RADIO, LLC
	Address	Street 825 EDMOND STREET  City/State ST. JOSEPH , MISSOURI Postal/ZIP Code 64501 - 2737 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): LICENSEE
FCC Registration Number	0015304884	
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)		<input checked="" type="checkbox"/> N/A (entity)
	Gender	<input type="radio"/> Male <input type="radio"/> Female
	Ethnicity	<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino
	Race	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races
	Citizenship	US
	Percentage of votes	0 %
	Percentage of equity	0 %
	Percentage of total assets (equity debt plus)	0 %
Copy 2.	Name	PIKES PEAK TELEVISION, INC.
	Address	Street 825 EDMOND STREET

	City/State ST. JOSEPH , MISSOURI Postal/ZIP Code 64501 - 2737 Country (if not U.S.)	
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input checked="" type="radio"/> Entity with attributable interest	
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): SOLE MEMBER OF LLC	
FCC Registration Number	0014920581	
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity)	
	Gender <input type="radio"/> Male <input type="radio"/> Female	
	Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino	
	Race <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races	
	Citizenship US	
Percentage of votes	0 %	
Percentage of equity	0 %	
Percentage of total assets (equity debt plus)	0 %	
Copy 3.	Name	DAVID R. BRADLEY
	Address	Street 825 EDMOND STREET  City/State ST. JOSEPH , MISSOURI Postal/ZIP Code 64501 - 2737

	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 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 checked="" type="checkbox"/> Other (please specify): MANAGER	
FCC Registration Number	0019393438	
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 <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races	
	Citizenship US	
Percentage of votes	0 %	
Percentage of equity	0 %	
Percentage of total assets (equity debt plus)	0 %	
Copy 4.	Name	HENRY BRADLEY
	Address	Street 825 EDMOND STREET
		City/State ST. JOSEPH , MISSOURI
		Postal/ZIP Code 64501 - 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 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 checked="" type="checkbox"/> Other (please specify): MANAGER	
FCC Registration Number	0019393412	
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 <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races	
	Citizenship US	
Percentage of votes	0 %	
Percentage of equity	0 %	
Percentage of total assets (equity debt plus)	0 %	
Copy 5.	Name	LYLE LEIMKUHLER
	Address	Street 825 EDMOND STREET  City/State ST. JOSEPH , MISSOURI Postal/ZIP Code 64501 - 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 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 checked="" type="checkbox"/> Other (please specify): MANAGER
	FCC Registration Number	0019393115
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino Race <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 <input type="checkbox"/> Two or more races Citizenship US
	Percentage of votes	0 %
	Percentage of equity	0 %
	Percentage of total assets (equity debt plus)	0 %
	Copy 6.	Name
	Address	Street 825 EDMOND STREET City/State ST. JOSEPH , MISSOURI Postal/ZIP Code 64501 - 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 type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): <b>SOLE STOCKHOLDER</b>
FCC Registration Number	0019430230
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 <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 <input type="checkbox"/> Two or more races
	Citizenship US
Percentage of votes	100 %
Percentage of equity	100 %
Percentage of total assets (equity debt plus)	100 %

(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.

Yes  
 No  
 [ Exhibit 3 ]

(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 [Click Here](#).

Yes  
 No

Broadcast Interest Information								
Copy	Name of Interest Holder	Call Sign	Community of license	Facility ID Number	Percentage of Votes	Percentage of Equity	Percentage of total assets (EDP)	Positional Interest (Check all that apply)
1.	PIKES PEAK	KRDO-	City	52579	0 %	0 %	0 %	<input type="checkbox"/> Officer

	TELEVISION, INC.	TV	COLORADO SPRINGS State COLORADO					<input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): LICENSEE
2.	NEWS PRESS & GAZETTE COMPANY	KRDO-TV	City COLORADO SPRINGS State COLORADO	52579	100 %	100 %	100 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): SOLE STOCKHOLDER

[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.	DAVID R. BRADLEY	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	HENRY BRADLEY	<input checked="" type="radio"/>	<input 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.

N/A

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]

5.	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.  Non-Licensee Respondents should select "N/A" in response to this question.	<input type="checkbox"/> N/A [ Exhibit 5 ]
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**SECTION III - CERTIFICATION**

I certify that I am **MANAGER**

(Official Title)

of **PIKES PEAK RADIO, 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 <b>LYLE LEIMKUHER</b>	Date <b>06/30/2010</b>
Telephone Number of Respondent (Include area code) <b>8162718504</b>	

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 5**  
 Description: **ORGANIZATIONAL CHART**

SEE ATTACHED.

**Attachment 5**

Description
Pikes Peak Radio LLC - Organizational Chart

## Robert Thompson

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**From:** paygovadmin@mail.doc.twai.gov  
**Sent:** Wednesday, June 30, 2010 7:11 PM  
**To:** bthompson@fccworld.com  
**Subject:** Pay.Gov Payment Confirmation

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.

Your transaction has been successfully completed.

### Transaction Summary

Application Name: Remittance Advice  
Pay.gov Tracking ID: 2512CQ3L  
Agency Tracking ID: 1802027

Account Holder Name: Robert L Thompson  
Transaction Type: Sale  
Transaction Amount: \$60.00  
Billing Address: 5028 Wisconsin Ave., NW  
City: Washington  
State/Province: DC  
Zip/Postal Code: 20016  
Country: USA  
Card Type: Visa  
Card Number: \*\*\*\*\*3168  
Transaction Date: Jun 30, 2010 7:11:19 PM

**FCC MB - CDBS Electronic Filing**  
**Application Reference Number: 20100630BVS**  
**Successfully filed at Jun 30 2010 7:09PM**

**A Fee Payment is Required for this application. The Total Fee is \$60.**

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/ Informal Menu. See the [CDBS User's Guide](#) for more information about fee payment.

[Electronic Form 159](#)

[Return to Main Menu](#)

[Logout](#)

Payment must be received by US 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.

# Remittance ID:1802027 Authorization Number:03575C

## Successful Authorization -- Date Paid: 6/30/10 FILE COPY ONLY!!

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING  (1) LOCKBOX #979089	FEDERAL COMMUNICATIONS COMMISSION <b>REMITTANCE ADVICE</b> FORM 159 PAGE NO 1 OF 1	APPROVED BY OMB 3060-059  SPECIAL USE  FCC USE ONLY
<b>SECTION A - Payer Information</b>		
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) <b>Robert L Thompson</b>		(3) TOTAL AMOUNT PAID (dollars and cents) <b>\$60.00</b>
(4) STREET ADDRESS LINE NO. 1 <b>5028 Wisconsin Ave., NW</b>		
(5) STREET ADDRESS LINE NO. 2 <b>Suite 301</b>		
(6) CITY <b>Washington</b>		(7) STATE <b>DC</b>
(8) ZIP CODE <b>20016</b>		
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>202-3634050</b>		(10) COUNTRY CODE (IF NOT IN U.S.A.) <b>US</b>
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>		
(11) PAYER (FRN) <b>0006320329</b>		(12) FCC USE ONLY
IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)		
(13) APPLICANT NAME <b>PIKES PEAK RADIO, LLC</b>		
(14) STREET ADDRESS LINE NO. 1 <b>825 EDMOND STREET</b>		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY <b>ST. JOSEPH</b>		(17) STATE <b>MO</b>
(18) ZIP CODE <b>64501-</b>		
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>8162718505</b>		(20) COUNTRY CODE (IF NOT IN U.S.A.) <b>USA</b>
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>		
(21) APPLICANT (FRN) <b>0015304884</b>		(22) FCC USE ONLY
<b>COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET</b>		
(23A) FCC Call Sign/Other ID <b>KRDO</b>		(24A) Payment Type Code(PTC) <b>MAR</b>
(25A) Quantity <b>1</b>		
(26A) Fee Due for (PTC) <b>\$60.00</b>		(27A) Total Fee <b>\$60.00</b>
FCC Use Only		
(28A) FCC CODE 1 <b>66250</b>		(29A) FCC CODE 2 <b>CDBS20100630BVS</b>
(23B) FCC Call Sign/Other ID		(24B) Payment Type Code(PTC)
(25B) Quantity		
(26B) Fee Due for (PTC)		(27B) Total Fee
FCC Use Only		
(28B) FCC CODE 1		(29B) FCC CODE 2



## Electronic Form 159

### Payment Confirmation

Your transaction has been approved. For your records, please note the following:

<b>REMITTANCE ID NUMBER :</b>	<b>1802027</b>
<b>AUTHORIZATION NUMBER :</b>	<b>03575C</b>
<b>AMOUNT PAID :</b>	<b>\$60.00</b>

[PRINT FORM 159](#)

[CLOSE](#)

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#### Customer Service

[FCC Fees](#)

[Web Policies / Privacy Policy](#)

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If you have any questions or concerns please contact your licensing system help desk.