

EXHIBIT 11

FOR
FCC
USE
ONLY

FCC 301

**APPLICATION FOR CONSTRUCTION PERMIT
FOR COMMERCIAL BROADCAST STATION**

FOR COMMISSION USE ONLY
FILE NO.

Section I - GENERAL INFORMATION

1. APPLICANT NAME (Last, First, Middle Initial)

Oregon Educational Radio Services, Inc.

MAILING ADDRESS (Line 1) (Maximum 65 characters)

PO BOX 235

MAILING ADDRESS (Line 2) (Maximum 35 characters)

CITY Klamath Falls

STATE OR COUNTRY (if foreign address)

OR

ZIP CODE

97601

TELEPHONE NUMBER (include area code)

541-884-8167

CALL LETTERS

-

OTHER FCC IDENTIFIER (IF APPLICABLE)

BPED-780319MM

2. A. Is a fee submitted with this application?

Yes No

B. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1113) and go to Question 3.

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 in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number listed in Column (B).

	(A) FEE TYPE CODE	(B) FEE MULTIPLE (if required)	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
(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
(2)			\$	

ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (2), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.

TOTAL AMOUNT REMITTED WITH THIS APPLICATION	FOR FCC USE ONLY
\$	

Section I - GENERAL INFORMATION (Page 2)

3. This application is for: (check one box)

AM

FM

TV

(b) Channel No. or Frequency 213A

(b) Principal Community	City	State
	Hornbrook	CA

(c) Check one of the following boxes:

- Application for NEW station
- MAJOR change in licensed facilities; call sign: -----
- MINOR change in licensed facilities; call sign: -----
- MAJOR modification of construction permit; call sign: -----
File No. of construction permit; call sign: -----
- MINOR modification of construction permit; call sign: -----
File No. of construction permit; call sign: -----
- AMENDMENT to pending application: Application File Number: **BPED-980319M1**

NOTE: It is not necessary to use this form to amend a previously filed application. Should you do so, however, please submit only Section I and those other portions of the form that contain the amended information.

4. Is this application mutually exclusive with a renewal application?

Yes No

If Yes, state:

Call letters	Community of License	
	City	State

Section II - LEGAL QUALIFICATIONS

Name of Applicant

Oregon Educational Radio Services, Inc.

1. Applicant is: (check one box below)

- Individual
- General partnership
- For-profit corporation
- Other
- Limited partnership
- Not-for-profit corporation

2. If the applicant is an unincorporated association or a legal entity other than an individual, partnership, or corporation, describe in an Exhibit the nature of the applicant.

Exhibit No
DNA

NOTE: The terms "applicant," "parties to this application," and "non-party equity owners in the applicant" are defined in the instructions for Section II of this form. Complete information as to each "party to this application" and "non-party equity owner in the applicant" is required. If the applicant considers that to furnish complete information would pose an unreasonable burden, it may request that the Commission waive the strict terms of this requirement with appropriate justification.

If the applicant is not an individual, provide the date and place of filing of the applicant's enabling charter (e.g., a limited partnership must identify its certificate of limited partnership and a corporation must identify its articles of incorporation by date and place of filing):

Date 19 March 98 Place Oregon

In the event there is no requirement that the enabling charter be filed with the state, the applicant shall include the enabling charter in the applicant's public inspection file. If, in the case of a partnership, the enabling charter does not include the partnership agreement itself, the applicant shall include a copy of the agreement in the applicant's public inspection file.

4. Are there any documents, instruments, contracts or understandings (written or oral), other than instruments identified in response to Question 3, above, relating to future ownership interests in the applicant, including but not limited to, stock pledges or other forms of security, insulated limited partnership shares, nonvoting stock interests, beneficial stock ownership interests, options, rights of first refusal, warrants, or debentures?

Yes No

If Yes, submit as an Exhibit all such written documents, instruments, contracts, or understandings, and provide the particulars of any oral agreement.

Exhibit No
DNA

5. Complete, if applicable, the following certifications:

(a) Applicant certifies that no limited partner will be involved in any material respect in the management or operation of the proposed station.

Yes No

If No, applicant must complete Question 6 below with respect to all limited partners actively involved in the media activities of the partnership.

(b) Does any investment company (as defined in 15 U.S.C. Section 80 a-3), insurance company, or trust department of any bank have an aggregated holding of greater than 5% but less than 10% of the outstanding votes of the applicant?

Yes No

If Yes, applicant certifies that the entity holding such interests exercises no influence or control over the applicant, directly or indirectly, and has no representatives among the officers and directors of the applicant.

Yes No
DNA

Section II - LEGAL QUALIFICATIONS (Page 2)

6. List the applicant, parties to the application and non-party equity owners in the applicant. Use one column for each individual or entity. Attach additional pages if necessary.

(Read carefully - The numbered items below refer to line numbers in the following table.)

- a. Name and residence of the applicant and, if applicable, its officers, directors, stockholders, or partners (if other than individual also show name, address and citizenship of natural person authorized to vote the stock). List the applicant first, officers next, then directors and, thereafter, remaining stockholders and partners.
- b. Citizenship.
- c. Office or directorship held.
- d. Number of shares or nature of partnership interests.
- e. Number of votes.
- f. Percentage of votes.

NOTE: Radio applicants ONLY: Radio applicants need not respond to subparts g and h of the table. Instead, proceed and respond to Questions 7, 8 and 9, Section II below.

- g. Other existing attributable interests in any broadcast station, including the nature and size of such interests.
- h. All other ownership interests of 5% or more (whether or not attributable), as well as any corporate officership or directorship, in broadcast, cable, or newspaper entities in the same market or with overlapping signals in the same broadcast service, as described in 47 C.F.R. Section 73.3555 and 76.501, including the nature and size of such interests and the positions held.

a.	Sandra Soho 2030 Hillman Circle Orange, CA 92867		
b.	USA		
c.	President		
d.	100% owner		
e.	1		
f.	100%		
g.	None. [C/P Application at Bend, OR BPED-980311 MA was returned]		
h.	None.		

SECTION III - FINANCIAL QUALIFICATIONS

NOTE: If this application is for a change in an operating facility do not fill out this Section.

1. The applicant certifies that sufficient net liquid assets are on hand or that sufficient funds are available from committed sources to construct and operate the requested facilities for three months without revenue.
2. State the total funds you estimate are necessary to construct and operate the requested facility for three months without revenue.
3. Identify each source of funds, including the name, address, and telephone number of the source (and a contact person if the source is an entity), the relationship (if any) of the source to the applicant, and the amount of funds to be supplied by each source.

Yes No

\$ 15,000

Source of Funds (Name and Address)	Telephone Number	Relationship	Amount
<p>All funds will be provided by Sandra Soho.</p>			

EXHIBIT B

Sandra Soho will be the part time (at least 20 hours per week) general manager of the radio station.

EXHIBIT C

Oregon Educational Radio Services, Inc. had a CP Application [BPED-970919MZ and BPED-980311MA] for a new FM broadcast service in the Bend, OR, area which was returned by the commission on 13 Oct 98.

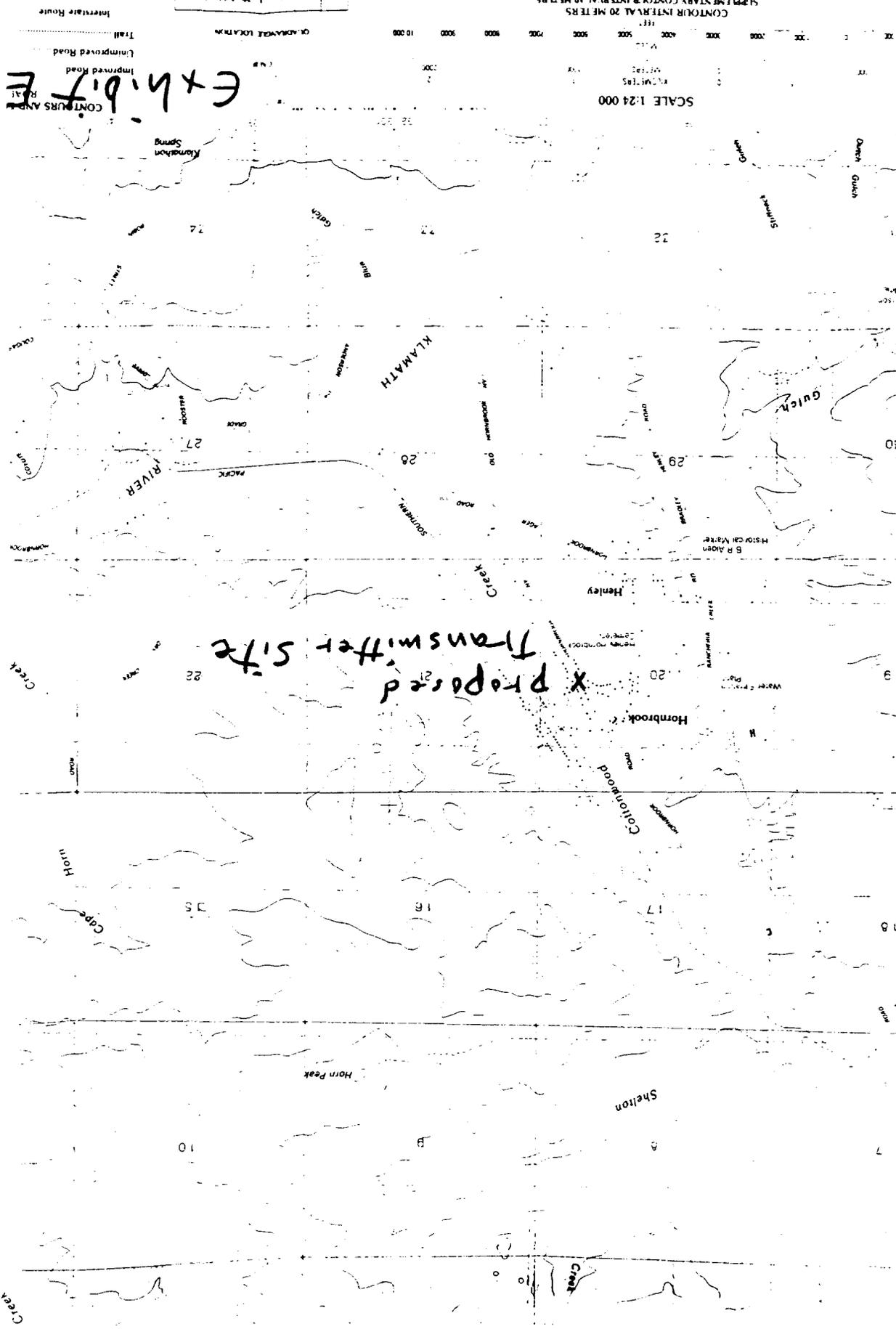
During the 1980s, Sandra Soho was the 49% owner in Soho Broadcasting which owned KDAN(AM) in South St. Paul, MN, KDAN(AM) and CP for KDAN(FM) in Williams, AZ, CP for KPUB(AM) and KPUB(FM) in Winters, TX and CP for KGUS(AM) in Florence, AZ. The licenses were sold and the construction permits expired because of the financial crisis caused when the 51% owner of Soho Broadcasting died.

1	2	3
4	5	

1 No. Aerial
 2 Scale
 3 Contour Interval
 4 Contour Elevation
 5 Contour Interval

CONTOUR INTERVAL 20 METERS
 SUPPLEMENTARY CONTOUR INTERVAL 10 METERS
 OTHER ELEVATIONS SHOWN TO THE NEAREST METRE
 TO CONTOUR INTERVAL TO WHICH THEY RELATE

SCALE 1:24 000



CONTOURS AND
 ROAD
 EXH. B. 7 E

X Proposed Transmitter Site

SECTION VI - EQUAL EMPLOYMENT OPPORTUNITY PROGRAM

Does the applicant propose to employ five or more full-time employees?

Yes No

If Yes, the applicant must include an EEO program called for in the separate Broadcast Equal Employment Opportunity Program Report (FCC Form 396-A).

SECTION VII - CERTIFICATIONS

1. Has or will the applicant comply with the public notice requirements of 47 C.F.R. Section 73.3580?

Yes No

2. Has the applicant reasonable assurance, in good faith, that the site or structure proposed in Section V of this form, as the location of its transmitting antenna, will be available to the applicant for the applicant's intended purpose?

Yes No

If No, attach as an Exhibit, a full explanation.

Exhibit No.

3. If reasonable assurance is not based on applicant's ownership of the proposed site or structure, applicant certifies that it has obtained such reasonable assurance by contacting the owner or person possessing control of the site or structure.

Name of person contacted: _____

Telephone No. (include area code): _____

Person contacted: (check one box below:

Owner Owner's Agent Other (specify)

4. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).

Yes No

The APPLICANT hereby waives 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 requests an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

The APPLICANT acknowledges that all the statements made in this application and attached Exhibits are considered material representations, and that all Exhibits are a material part hereof and incorporated herein.

The APPLICANT represents that this application is not filed for the purpose of impeding, obstructing, or delaying determination on any other application with which it may be in conflict.

In accordance with 47 C.F.R. Section. 1.65, the APPLICANT has a continuing obligation to advise the Commission, through amendments, of any substantial and significant changes in information furnished.

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.

Name Oregon Educational Radio Services, Inc.	Signature <i>Sandra Soho</i>
Title President	Date 22 Oct 98
Typed or Printed Name of Person Signing Sandra Soho	

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).

EXHIBIT 12

Articles of Incorporation for:

1. Hornbrook Development Center, Inc.
2. Oregon Educational Radio Services, Inc.
3. Emigrant Valley Public Radio, Inc.
4. William Patrick Donnelly Ministries, Inc.
5. Malin Christian Church, Inc.



Phone: (503) 866-2200
Fax: (503) 378-4381

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327

Articles of Incorporation—Nonprofit

For office use only

FILED

03/17/99 12:20PM 206H6764
MAR 19 1999
SHEK

A50
\$20.00

OREGON
SECRETARY OF STATE

Registry Number: 623759-86

Attach Additional Sheet if Necessary
Please Type or Print Legibly in Black Ink

1) NAME Hornbrook Development Center, Inc.

CHECK HERE TO INDICATE ON YOUR REGISTRATION THAT YOU DO NOT WANT MAIL SOLICITATION.

8) WILL THE CORPORATION HAVE MEMBERS?

Yes No

2) REGISTERED AGENT

Karen Walls

9) DISTRIBUTION OF ASSETS UPON DISSOLUTION

Given to the State of Oregon.

3) ADDRESS OF REGISTERED AGENT (Must be an Oregon Street Address which is identical to the registered agent's business office. Must include city, state, zip, no PO boxes.)

3852 Broadman Ave.
Klamath Falls, OR 97603

4) MAILING ADDRESS OF REGISTERED AGENT (Address, city, state, zip)

3852 Broadman Ave.
Klamath Falls, OR 97603

5) ADDRESS FOR MAILING NOTICES

2220 River Drive
Stockton, CA 95204

6) OPTIONAL PROVISIONS (Attach a separate sheet.) None

7) TYPE OF CORPORATION

Public Benefit Mutual Benefit Religious

10) INCORPORATORS (List names and addresses of each incorporator. Attach a separate sheet if necessary.)

James Arnold, 2220 River Drive, Stockton, CA 95204

11) EXECUTION (All incorporators must sign. Attach a separate sheet if necessary.)

Printed Name

James Arnold

Signature

James Arnold

FEES

Make check for \$20 payable to "Corporation Division"

NOTE: Filing fees may be paid with VISA or MasterCard. The Card number and expiration date should be submitted on a separate sheet for your protection.

12) CONTACT NAME

James Arnold

DAYTIME PHONE NUMBER

209-948-8277

DUPLICATE

623759-86

62375986199906100010000

STATE OF OREGON
CORPORATION DIVISION
1999 ANNUAL REPORT

Registry Number: 623759-86
Date of Incorporation: 03/19/1998
Entity type: DOMESTIC NON-PROFIT
State or Country of Organization: OREGON

Fee: \$10.00
Must be received by: 06/10/1999

Duration: PERPETUAL

Please review the bottom and reverse side of this notice for accuracy. If the information has changed please make the corrections and return the entire notice with your remittance.
DO NOT ENCLOSE ANY CORRESPONDENCE.

HORN BROOK DEVELOPMENT CENTER, INC.
2220 RIVER DR
STOCKTON CA 95204

FILED

MAY 03 1999

IF THIS IS YOUR "FIRST ANNUAL REPORT" YOU MUST COMPLETE AND RETURN THE ENTIRE FORM.

OREGON
SECRETARY OF STATE

THE REQUIRED FEE AND ANY CORRECTION IF NECESSARY MUST BE RECEIVED BY JUNE 10, 1999 WITH THE FEE OF \$10.00.

DUPLICATE

1999 ANNUAL REPORT

HORN BROOK DEVELOPMENT CENTER, INC.

Registry Number: 623759-86

1. Federal Tax ID Number Pending

2. SIC Code (See Enclosed List) 4830

3. Principal Place of Business (Street Address)

~~2220 RIVER DR
STOCKTON CA 95204~~

PO Box 235
Klamath Falls, OR 97601

4. Registered Agent

~~KIRK VALLS~~

Sandra Soko
1604 Kimberly Drive
Klamath Falls, OR 97603

Registered Office (Oregon Street Address)

~~3032 BROADWAY
KLAMATH FALLS OR 97600~~

If the Registered Agent has changed, the new Agent has consented to the appointment.

Please complete the back side of this form if required.

0416 9905403-1

10 00

~~AM
5-3-99~~

IF THIS IS YOUR "FIRST ANNUAL REPORT" YOU MUST COMPLETE AND RETURN THE ENTIRE FORM.

HORN BROOK DEVELOPMENT CENTER, INC.
2220 RIVER DR
STOCKTON CA 95204

5. If mailing address has changed, please indicate the new mailing address.

PO Box 235
Klamath Falls, OR 97601

6. OFFICERS AND ADDRESSES

PRESIDENT

James Arnold
same as

SECRETARY

James Arnold
same as

7. Does This Corporation Have Members? Yes

Signature required only when changes are made.

a. SIGNATURE X James Arnold
Officer

Date 24 April 99

Daytime Telephone Number 541-884-8074

If the information has not changed return only the coupon with your remittance and retain the bottom portion for your records.



Phone: (503) 986-2200
Fax: (503) 378-4381

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327

03/19/98 12:19CME000H6762 \$20000

Articles of Incorporation—Nonprofit

For office use only

FILED

MAR 19 1998

OREGON
SECRETARY OF STATE

Registry Number: 623754-81

Attach Additional Sheet if Necessary
Please Type or Print Legibly in Black Ink

1) NAME [REDACTED]

CHECK HERE TO INDICATE ON YOUR REGISTRATION THAT YOU DO NOT WANT MAIL SOLICITATION.

8) WILL THE CORPORATION HAVE MEMBERS?

Yes No

2) REGISTERED AGENT

Karen Walls

9) DISTRIBUTION OF ASSETS UPON DISSOLUTION

Given to the State of Oregon.

3) ADDRESS OF REGISTERED AGENT (Must be an Oregon Street Address which is identical to the registered agent's business office. Must include city, state, zip; no PO boxes.)

3852 Broadman Ave.
Klamath Falls, OR 97603

4) MAILING ADDRESS OF REGISTERED AGENT (Address, city, state, zip)

3852 Broadman Ave.
Klamath Falls, OR 97603

5) ADDRESS FOR MAILING NOTICES

P.O. Box 235
Klamath Falls, OR 97601

6) OPTIONAL PROVISIONS (Attach a separate sheet.) None

7) TYPE OF CORPORATION

Public Benefit Mutual Benefit Religious

10) INCORPORATORS (List names and addresses of each incorporator. Attach a separate sheet if necessary.)

Franck Kato, 603 S. Rampart Blvd., #63, Los Angeles, CA 90057

11) EXECUTION (All incorporators must sign. Attach a separate sheet if necessary.)

Printed Name
Franck Kato

Signature
Frank Kato

FEES

Make check for \$20 payable to "Corporation Division"

NOTE: Filing fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

[Handwritten signature]
3/19

12) CONTACT NAME
Franck Kato

DAYTIME PHONE NUMBER
321-884-5107

THE REQUIRED FEE AND ANY CORRECTION IF NECESSARY MUST BE RECEIVED BY
MARCH 10, 1999 WITH THE FEE OF \$10.00.

1998 ANNUAL REPORT

OREGON EDUCATIONAL RADIO SERVICES, INC.

Registry Number: 623754-81

- 1. Federal Tax ID Number Pending
- 2. SIC Code (See Enclosed List) 4830
- 3. Principal Place of Business (Street Address) PO Box 111
~~PO BOX 203~~
KLAMATH FALLS OR 97601-0000 0006

FILED

MAR 23 1999

- 4. Registered Agent KAREN WELLS
Registered Office (Oregon Street Address) 3851 BROADMAN AVE
~~KLAMATH FALLS OR 97603~~ Sandra S. Secretary of State
1604 Kimberly Drive
Klamath Falls, OR

If the Registered Agent has changed, the new Agent has consented to the appointment. 9760: Yes

Please complete the back side of this form if required.

3/23/99
JDL

5. If mailing address has changed, please indicate the new mailing address.

PO Box 111
Klamath Falls, OR 97601-0006

6. OFFICERS AND ADDRESSES

PRESIDENT / ~~SECRETARY~~ Secretary
Sandra Scho
1604 Kimberly Drive
Klamath Falls, OR 97603

7. Does This Corporation Have Members? Yes

Signature required only when changes are made.

8. SIGNATURE Sandra Scho Date 23 Feb 99
Officer Daytime Telephone Number 541-884-8074

If the information has not changed return only the coupon with your remittance and retain the bottom portion for your records.



Phone: (503) 888-2200
Fax: (503) 378-4381

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327

Articles of Incorporation - Nonprofit

For office use only

FILED

MAR 19 1998

OREGON
SECRETARY OF STATE

Registry Number: 623758-87

Attach Additional Sheet if Necessary
Please Type or Print Legibly in Black Ink

1) NAME [REDACTED]

CHECK HERE TO INDICATE ON YOUR REGISTRATION THAT YOU DO NOT WANT MAIL SOLICITATION.

8) WILL THE CORPORATION HAVE MEMBERS?
 Yes No

2) REGISTERED AGENT
Karen Walls

9) DISTRIBUTION OF ASSETS UPON DISSOLUTION
Given to the State of Oregon.

3) ADDRESS OF REGISTERED AGENT (Must be an Oregon Street Address which is identical to the registered agent's business office. Must include city, state, zip, no PO boxes.)
3852 Broadman Ave.
Klamath Falls, OR 97603

4) MAILING ADDRESS OF REGISTERED AGENT (Address, city, state, zip)
3852 Broadman Ave.
Klamath Falls, OR 97603

5) ADDRESS FOR MAILING NOTICES
PO Box 1025
Armona, CA 93202

6) OPTIONAL PROVISIONS (Attach a separate sheet) None

7) TYPE OF CORPORATION
 Public Benefit Mutual Benefit Religious

10) INCORPORATORS (List names and addresses of each incorporator. Attach a separate sheet if necessary.)
Richard Stewart, PO Box 1025, Armona, CA 93202

11) EXECUTION (All incorporators must sign. Attach a separate sheet if necessary.)

Printed Name
Richard Stewart

Signature
Richard G. Stewart

FEES

Make check for \$20 payable to "Corporation Division"

NOTE: Filing fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet to your provider.

[Handwritten initials]

12) CONTACT NAME
Richard Stewart

DAYTIME PHONE NUMBER
209-583-8300

THE REQUIRED FEE AND ANY CORRECTION IF NECESSARY MUST BE RECEIVED BY
MARCH 19, 1999 WITH THE FEE OF \$10.00.

1999 ANNUAL REPORT

EMIGRANT VALLEY PUBLIC RADIO, INC.

Registry Number: 823758-87

1. Federal Tax ID Number Pending

2. SIC Code (See Enclosed List) 4830

3. Principal Place of Business (Street Address) PO-BOX-1025-- ARMONA, CA 93202 PO Box 111 Klamath Falls, OR 97601-0006

4. Registered Agent KAREN WALLS ~~XXXXXXXXXXXX~~
Registered Office 3852 BROADMAN AVE 1604 Kimberly Drive
(Oregon Street Address) KLAMATH FALLS OR 97603 Klamath Falls, OR 97603

If the Registered Agent has changed, the new Agent has consented to the appointment.

Please complete the back side of this form if required.

FILED
MAR 22
OREGON
SECRETARY OF STATE

3/22/99
JW

5. If mailing address has changed, please indicate the new mailing address.

PO Box 111
Klamath Falls, OR 97601-0006

6. OFFICERS AND ADDRESSES

PRESIDENT

SECRETARY

Richard Stewart
PO Box 111
Klamath Falls, OR 97601-0006

7. Does This Corporation Have Members? Yes

Signature required only when changes are made.

8. SIGNATURE Richard G. Stewart Date 23 Feb 99
Officer Daytime Telephone Number 541-884-9074

If the information has not changed return only the coupon with your remittance and retain the bottom portion for your records.



Phone: (503) 986-2200
Fax: (503) 378-4381

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327

Articles of Incorporation—Nonprofit

For office use only

FILED

APR 20 1999

OREGON
SECRETARY OF STATE

Registry Number: 686837-89

Attach Additional Sheet if Necessary
Use Type or Print Legibly in Black Ink

NAME Malin Christian Church, Inc.

CHECK HERE TO INDICATE ON YOUR REGISTRATION THAT YOU DO NOT WANT MAIL SOLICITATION.

8) WILL THE CORPORATION HAVE MEMBERS ?

Yes No

REGISTERED AGENT

Sandra Soho

9) DISTRIBUTION OF ASSETS UPON DISSOLUTION

Given to the State of Oregon.

ADDRESS OF REGISTERED AGENT (Must be an Oregon Street Address which is identical to the registered agent's business office. Must include city, state, zip, no PO boxes.)

1604 Kimberly Drive
Klamath Falls, OR 97603

MAILING ADDRESS OF REGISTERED AGENT (Address city state zip)

PO Box 111
Klamath Falls, OR 97601-0000

ADDRESS FOR MAILING NOTICES

PO Box 111
Klamath Falls, OR 97601-0000

OPTIONAL PROVISIONS (Attach a separate sheet) None

TYPE OF CORPORATION

Public Benefit Mutual Benefit Religious

INCORPORATORS (List names and addresses of each incorporator. Attach a separate sheet if necessary.)

Pres. Sandra Soho, 1604 Kimberly Drive, Klamath Falls, OR 97603

EXECUTION (All incorporators must sign. Attach a separate sheet if necessary.)

Printed Name

Sandra Soho

Signature

Sandra Soho

CONTACT NAME

Sandra Soho

DAYTIME PHONE NUMBER

DATE

04/16/99 2 20.

FEES

Agent Fee for
this filing
\$100.00

NOTE: Filing fees apply to all filings with the Secretary of State. The fee schedule and payment information is available on the Secretary of State's website.



Phone: (503) 986-2200
Fax: (503) 378-4381

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97330-1327

Articles of Incorporation—Nonprofit

For office use only

FILED

MAR 19 1998

OREGON
SECRETARY OF STATE

Registry Number: 60015322

Attach Additional Sheet if Necessary
Please Type or Print Legibly in Black Ink

1) NAME [REDACTED]

CHECK HERE TO INDICATE ON YOUR REGISTRATION THAT YOU DO NOT WANT MAIL SOLICITATION

8) WILL THE CORPORATION HAVE MEMBERS?

YES NO

2) REGISTERED AGENT

Karen Walls

9) DISTRIBUTION OF ASSETS UPON DISSOLUTION

Given to the State of Oregon

3) ADDRESS OF REGISTERED AGENT (Must be an Oregon Street Address which is identical to the registered office. Must include city, state, zip, no PO boxes.)

3872 Broadman Ave.
Klamath Falls, OR 97603

4) MAILING ADDRESS OF REGISTERED AGENT (Address, city, state, zip)

3872 Broadman Ave.
Klamath Falls, OR 97603

5) ADDRESS FOR MAILING NOTICES

1990 Newport Street
San Bernardino, CA 92404

6) OPTIONAL PROVISIONS (Attach a separate sheet) None

7) TYPE OF CORPORATION

Public Benefit Mutual Benefit Religious

10) INCORPORATORS (List names and addresses of each incorporator. Attach a separate sheet if necessary.)

Rev. William Donnelly, 1990 Newport St., San Bernardino, CA 92404

11) EXECUTION (All incorporators must sign. Attach a separate sheet if necessary.)

Printed Name

Rev. William Donnelly

Signature

[Handwritten Signature]

FEES

Make checks for \$25 payable to Corporation Division

NOTE: This form may be used with the incorporation and registration fee of \$25.00 per corporation. For more information, contact the Corporation Division.

12) CONTACT NAME

Rev. William Donnelly

DAYTIME PHONE NUMBER

[Handwritten Number]

DUPLICATE

62376083199906100010000

623760-83

STATE OF OREGON
CORPORATION DIVISION
1998 ANNUAL REPORT

Registry Number: 623760-83
Date of Incorporation: 03/18/1998
Entity type: DOMESTIC NON-PROFIT
State or Country of Organization: OREGON

Fee: \$100
Must be received by: 08/10/1998

Duration: PERPETUAL

Please review the bottom and reverse side of this notice for accuracy. If the information has changed please make the corrections and return the entire notice with your remittance. DO NOT ENCLOSE ANY CORRESPONDENCE.

FILED

MAY 03 1999

OREGON
SECRETARY OF STATE

WILLIAM PATRICK DONNELLY MINISTRIES,
INC.
2990 NEWPORT ST
SAN BERNARDINO CA 92404

IF THIS IS YOUR "FIRST ANNUAL REPORT" YOU MUST COMPLETE AND RETURN THE ENTIRE FORM.

THE REQUIRED FEE AND ANY CORRECTION IF NECESSARY MUST BE RECEIVED BY
JUNE 10, 1998 WITH THE FEE OF \$10.00.

DUPLICATE

1998 ANNUAL REPORT

WILLIAM PATRICK DONNELLY MINISTRIES,

Registry Number: 623760-83

1. Federal Tax ID Number pending

2. SIC Code (See Enclosed List) 8660

3. Principal Place of Business (Street Address)
~~2990 NEWPORT ST
SAN BERNARDINO CA 92404~~ PO Box 1270
Klamath Falls, OR
97601-0070

4. Registered Agent KAREN WALKER Sandra Soho
Registered Office (Oregon Street Address) 2852 BROADWAY AVE
KLAMATH FALLS, OR 97603 1604 Kimberly Drive
Klamath Falls, OR 97603

If the Registered Agent has changed, the new Agent has consented to the appointment.

Please complete the back side of this form if required.

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5-3-99

IF THIS IS YOUR "FIRST ANNUAL REPORT" YOU MUST COMPLETE AND RETURN THE ENTIRE FORM.

WILLIAM PATRICK DONNELLY MINISTRIES, INC. 2980 NEWPORT ST SAN BERNARDINO CA 92404

5. If mailing address has changed, please indicate the new mailing address.

PO Box 1270 Klamath Falls, OR 97601-0070

6. OFFICERS AND ADDRESSES

PRESIDENT Rev. William Patrick Donnelly sec #5 SECRETARY Rev. William Patrick Donnelly sec #5

7. Does This Corporation Have Members? X yes

Signature required only when changes are made.

8. SIGNATURE William Donnelly Officer Date 24 April 99 Daytime Telephone Number 541-884-8074

If the information has not changed return only the coupon with your remittance and retain the bottom portion for your records.

CERTIFICATE OF SERVICE

I, Nancy Lee Kemper, a secretary in the law offices of Luvaas, Cobb, Richards & Fraser, P.C., certify that I have on this 16th day of October, 1999, sent by United States mail, postage prepaid, on behalf of Klamath Basin Broadcasting, copies of the foregoing "Comments in Opposition to Proposed Rule Making" to:

Roy Stewart, Chief
Mass Media Bureau
Federal Communications Commission
The Portals/445 Twelfth Street, S.W.
Washington, D.C. 20054

Peter Doyle, Assistant Chief, Aural
Services Branch/Mass Media Bureau
Federal Communications Commission
The Portals/445 Twelfth Street, S.W.
Washington, D.C. 20054

Fatima Response, Inc.
2044 Beverly Plaza, Suite 281
Long Beach, CA 90815

Franck Kato
Post Office Box 611
Keno, OR 97627-0611

Renaissance Community Improvement
Association
Attention: Shannon Saul
7544 Second Street
Downey, CA 97241

Sandra Soho
Post Office Box 111
Klamath Falls, OR 97601


Nancy Lee Kemper