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| Federal Communications Commission Washington, D.C. 20554 | Approved by OMB 3060-0010 (June 2002) | FOR FCC USE ONLY |
| FCC 323 | | |
| OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS | | FOR COMMISSION USE ONLY FILE NO. BON - 20060804AAJ |
| Read INSTRUCTIONS Before Filling Out Form | | |

Section I - General Information

| | | | |
|----|---|--|---|
| 1. | Legal Name of the Applicant KVMD LICENSEE CO., LLC | | |
| | Mailing Address 2323 CORINTH AVENUE | | |
| | City WEST LOS ANGELES | State or Country (if foreign address) CA | ZIP Code 90064 - |
| | Telephone Number (include area code) 5124780055 | E-Mail Address (if available) | |
| | FCC Registration Number: 0009326257 | Call Sign KVMD | Facility ID Number 16729 |
| 2. | Contact Representative (if other than Licensee/Permittee) BARRY A. FRIEDMAN | | Firm or Company Name THOMPSON HINE LLP |
| | Telephone Number (include area code) 2023318800 | E-Mail Address (if available) BFRIEDMAN@THF.COM | |
| 3. | Name of entity, if other than licensee or permittee, for which report is filed | | |
| | Mailing Address | | |
| | City | State or Country (if foreign address) | ZIP Code - |
| | Telephone Number (include area code) | E-Mail Address (if available) | |
| 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 <input checked="" type="radio"/> N/A (Fee Required) | | |

Section II - Ownership Information

| | | | |
|----|--|--|--|
| 5. | a. <input type="radio"/> Biennial b. <input type="radio"/> Transfer of Control or Assignment of License/Permit c. <input checked="" type="radio"/> Other | | |
| | d. <input type="radio"/> Amendment to pending application | | |
| | for the following stations: [Enter Station Information] | | |

Station List

This Report is filed for the following stations:

| Call Letters | Facility ID Number | Location (City/State) | Class of service |
|--------------|--------------------|-----------------------|------------------|
| KVMD | 16729 | TWENTYNINE PALMS CA | TV |

All of the information furnished in this Report is accurate as of 08/01/2006 (*Date must comply with 47 C.F.R. Section 73.3615(a), i.e., information must be current within 60 days of filing of this report, when 5(a) below is checked.*)

This Report is filed for (*check one*)

6. 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 1]

7. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject licensee or permittee shall respond.)

[Enter Contract/Instrument Information]

Contracts/Instruments Information

List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject shall respond.)

| Description of contract or instrument | Name of person or organization with whom contract is made | Date of Execution | Date of Expiration |
|---------------------------------------|---|-------------------|--------------------|
| CERTIFICATE OF FORMATION | STATE OF DELAWARE | 11/25/2002 | |

| Description of contract or instrument | Name of person or organization with whom contract is made | Date of Execution | Date of Expiration |
|---------------------------------------|---|-------------------|--------------------|
| OPERATING AGREEMENT | MEMBERS OF LIMITED LIABILITY COMPANY | 11/25/2002 | |

8. Capitalization (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject licensee or permittee shall respond.)

[Enter Capitalization Information]

Capitalization

Capitalization (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise excercises de facto control over the subject licensee or permittee shall respond.)

| Class of stock (preferred, common or other) | Voting or Non-voting | Number of Shares | | | |
|---|----------------------|------------------|------------------------|----------|----------|
| | | Authorized | Issued and Outstanding | Treasury | Unissued |
| LIMITED LIABILITY COMPANY INTERESTS | N | | | | |

9. (a.) List the respondent, and, if other than a natural person, its officers, directors, stockholders and other entities with attributable interests, non-insulated partners and/or members. If a corporation or partnership holds an attributable interest in the respondent, list separately its officers, directors, stockholders and other entities with attributable interests, non-insulated partners and/or members. Create a separate row for each individual or entity. Attach supplemental pages, if necessary. [Enter Owner Information]

Owner Information

List the respondent, and, if other than a natural person, its officers, directors, stockholders and other entities with attributable interests, non-insulated partners and/or members. If a corporation or partnership holds an attributable interest in the respondent, list separately its officers, directors, stockholders and other entities with attributable interests, non-insulated partners and/or members. Create a separate row for each individual or entity. Attach supplemental pages, if necessary.

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

1. Name and address of respondent and each party to the respondent holding an attributable interest (if other than individual also show name, address and citizenship of natural person authorized to vote the stock or holding the attributable interest). List the respondent first, officers next, then directors and, thereafter, remaining stockholders and other entities with attributable interests, and partners.
2. Gender (male or female).
3. Ethnicity (check one).
4. Race (select one or more).
5. Citizenship.
6. Positional interest: Officer, director, general partner, limited partner, LLC member, investor/creditor attributable under the Commission's **equity/debt plus** standard, etc.
7. Percentage of votes.
8. Percentage of total assets (equity debt plus).

| | |
|--|--|
| 1. Name and Address | KVMD LICENSEE CO., LLC, 2323 CORINTH AVE., LOS ANGELES, CA 90064 |
| 2. Gender (male or female) | N/A |
| 3. Ethnicity (check one) | <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino |
| 4. Race (select one or more) | <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 |
| 5. Citizenship | DE |
| 6. Positional Interest | LICENSEE/RESPONDENT |
| 7. Percentage of votes | 0.00 |
| 8. Percentage of total assets (equity debt plus) | 0.00 |

| | |
|--|--|
| 1. Name and Address | KVMD TV, LLC, 2323 CORINTH AVE., LOS ANGELES, CA 90064 |
| 2. Gender (male or female) | N/A |
| 3. Ethnicity (check one) | <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino |
| 4. Race (select one or more) | <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 |
| 5. Citizenship | DE |
| 6. Positional Interest | LLC SOLE MEMBER |
| 7. Percentage of votes | 100.00 |
| 8. Percentage of total assets (equity debt plus) | 100.00 |

| | |
|--|---|
| 1. Name and Address | RONALD L. ULLOA, 2323 CORINTH AVE., LOS ANGELES, CA 90064 |
| 2. Gender (male or female) | Male |
| 3. Ethnicity (check one) | <input checked="" type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino |
| 4. Race (select one or more) | <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 |
| 5. Citizenship | US |
| 6. Positional Interest | MANAGER |
| 7. Percentage of votes | 0.00 |
| 8. Percentage of total assets (equity debt plus) | 0.00 |

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| (b) Respondent certifies that equity and financial interests not set forth in response to Question 9(a) are non-attributable. | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A See Explanation in [Exhibit 2] |
| (c) Is the respondent or any party holding an attributable interest in the respondent also the holder of an attributable interest in any other broadcast station or in any cable or newspaper entities in the same market or with overlapping signals in the same broadcast service, as described in 47 C.F.R. Sections 73.3555 and 76.501? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| If "Yes", submit an Exhibit identifying the holder of that other attributable interest, listing the call signs, locations and facilities identifiers of such other broadcast stations, and describing the nature and size of the ownership interest and the positions held in the other broadcast, cable or newspaper entities. | [Exhibit 3] |
| (d) Are any of the individuals listed in response to Question 9(a) related as parent-child, husband-wife, brothers and sisters? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

| | |
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| If "Yes", submit an Exhibit setting forth full information as to the family relationship | [Exhibit 4] |
| (e) Is respondent seeking an attribution exemption for any officer or director with duties unrelated to the licensee or permittee? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| If "Yes", submit an Exhibit identifying that individual by name and title, fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest. | [Exhibit 5] |

SECTION III - CERTIFICATION

I certify that I am MANAGER

(Official Title)

of KVMD LICENSEE CO., 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 certification must be within 60 days of the date shown in Question 5, Section II and in no event prior to that date.)

| | |
|---|--------------------|
| Signature RONALD L. ULLOA | Date 08/03/2006 |
| Telephone Number of Respondent (Include area code) 3104780055 | |

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 1

Description: EXHIBIT 1--DESCRIPTION OF THE NATURE OF LICENSEE/RESPONDENT

KVMD LICENSEE CO., LLC IS A DELAWARE LIMITED LIABILITY COMPANY.

Attachment 1

Exhibit 2

Description: EXHIBIT 2--EXPLANATION OF RESPONSE TO SECTION II, ITEM 9(B)

THE CERTIFICATION REQUIRED IN SECTION II, ITEM 9(B) IS NOT APPLICABLE BECAUSE 100% OF THE OWNERSHIP INTERESTS IN THE LICENSEE/RESPONDENT ARE SET FORTH IN SECTION II, ITEM 9(A).

Attachment 2

Attachment 3

| Description |
|-------------|
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| Exhibit 3--Other Ownership Interests |
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