

Jason Kander Secretary of State  
 2016-2017 BIENNIAL REGISTRATION REPORT  
 BUSINESS

**00269205**  
**Date Filed: 3/9/2016**  
**Jason Kander**  
**Missouri Secretary of State**

I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

**\* SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: 4/30/2016

**00269205**  
**MISSOURI VALLEY BROADCASTING, INC.**  
**JOHN WILSON**  
**1190 NORTH HWY 65**  
**MARSHALL MO 65340**

RENEWAL MONTH:  
**JANUARY**  
 I OPT TO CHANGE THE CORPORATION'S RENEWAL MONTH TO \_\_\_\_\_ FOR A \$25.00 FEE

**1** PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: \*  
 1190 North Hwy 65 (Required)  
**PO Box 128**  
 STREET  
**Marshall MO 65340**  
 CITY / STATE ZIP

**2** If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.  
 The new registered agent \_\_\_\_\_  
**IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.**  
 The new registered office address \_\_\_\_\_  
**Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.**

<p><b>3</b> <b>OFFICERS</b>                  NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).  <b><u>MUST LIST PRESIDENT AND SECRETARY BELOW</u></b> <b>A</b></p> <p><b><u>PRESIDENT</u></b> Phillips, Michael                  STREET 1225 Truax Blvd.                  CITY/STATE/ZIP Eau Claire WI 54703</p> <p><b><u>SECRETARY</u></b> Luehrs, Marvin                  STREET 6817 Country Lakes Circle                  CITY/STATE/ZIP Sarasota FL 34243</p> <p>STREET _____                  CITY/STATE/ZIP _____</p> <p>STREET _____                  CITY/STATE/ZIP _____</p>	<p><b>BOARD OF DIRECTORS</b>                  NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).  <b><u>MUST LIST AT LEAST ONE DIRECTOR BELOW</u></b> <b>B</b></p> <p><b><u>NAME</u></b> Wilson, John                  STREET 184 Osage Trails Dr                  CITY/STATE/ZIP Climax Springs MO 65324</p> <p><b><u>NAME</u></b> _____                  STREET _____                  CITY/STATE/ZIP _____</p> <p><b><u>NAME</u></b> _____                  STREET _____                  CITY/STATE/ZIP _____</p>
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NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

**4** The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable. \*

**Authorized party or officer sign here** John Wilson (Required)

**Please print name and title of signer:** John Wilson / Vice President  
 NAME TITLE

REGISTRATION REPORT FEE IS:  
 \_\_\_ \$40.00 If filed on or before 4/30/2016  
 \_\_\_ \$55.00 If filed on or before 5/31/2016  
 \_\_\_ \$70.00 If filed on or before 6/30/2016  
 \_\_\_ \$85.00 If filed on or before 7/31/2016  
**ADD AN ADDITIONAL \$25.00 FEE IF CHANGING THE RENEWAL MONTH.**

**WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE**

E-MAIL ADDRESS (OPTIONAL): jwilson@kmmo.com