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YELLOWSTONE COUNTY
CLERK AND RECORDER

COUNTY

Sworn Statement of Circulation

(To be filed with the County Clerk and Recorder
in the county of publication prior to July 1 of each year)

To: Clerk and Recorder:

Yellowstone County

In accordance with the provisions of MCA 7-1-2121 and MCA 7-5-2411, the following information needs to be filed with the County Clerk and Recorder in the county of publication prior to July 1 of each year in order to be considered as a publication which is qualified to publish legal advertising wherever local governments, other than a municipality, are required by law to give notice by publication; and to be eligible to contract with the County Commissions for all advertising required by law.

Name of Publication: Billings Gazette

Mailing Address: PO Box 36300

City: Billings State: MT Zip: 59107 Tel: 406-657-1200

Publisher's Name: Matt Sandberg

Date Publication Established: May 2, 1885

Is the Publication of General Circulation? Yes No

Has the Publication been published continuously at least once a week for the prior 12 months in the county? Yes

Number of Days per Week Publication is published: 6

Is the Publication required to publish a United States Postal Service Periodical Statement of Ownership, Management and Circulation?

Yes No

If "Yes", please include a copy of the Statement of Ownership for the prior year.

CIRCULATION INFORMATION: For the 12 months prior to July 1 of the filing year.

	Within County	Outside of County
Average Net Circulation Paid:		
By Mail or Carrier	<u>2075</u>	<u>683</u>
By Rack or Newsstand	<u>220</u>	<u>138</u>
Average Net Circulation Free:		
By Mail or Carrier	<u>3</u>	<u>6</u>
By Rack or Newsstand	<u>221</u>	<u>95</u>
Total Average Net Circulation Per Issue:*	<u>2,519</u>	<u>922</u>

* All figures are to be net, subtracting circulation not actually delivered.

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form, or who omits material or information requested on the form may be subject to criminal and/or civil sanctions as provided by law.

 matt sandberg Date 6/30/26

Signature and Title of Editor, Publisher, Business Manager, or Owner

United States Postal Service

Statement of Ownership, Management and Circulation
(All Periodicals Publications Except Requester Publications)

1. Publication Title: Billings Gazette
2. Publication Number: z o j d e
3. Issue Date: 06/01/2025
4. Issue Frequency: Every Day Except Some Holidays
5. Number of Issues Published Annually: 356
6. Annual Subscriptions Price: \$1,221.00

7. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4)
Address: P.O. Box 36300 Billings MT 59107
City, State ZIP: Billings, Yellowstone County, MT 59101-1243

8. Complete Mailing Address of Headquarter or General Business Office of Publisher (Not Printer)
Address: P.O. Box 36300 Billings MT 59107
City, State ZIP: Billings, Yellowstone County, MT 59101-1243

9. Full Name and Complete Mailing Address of Publisher, Editor and Managing Editor (do not leave blank)
Publisher Name: Steve Kiggins
Address: P.O. Box 36300 Billings MT 59107
City, State ZIP: Billings, Yellowstone County, MT 59101-1243

10. Name and Complete Mailing Address of Publisher, Editor and Managing Editor (do not leave blank)
Name: Steve Kiggins
Address: P.O. Box 36300 Billings MT 59107
City, State ZIP: Billings, MT 59107

11. Name and Complete Mailing Address of Publisher, Editor and Managing Editor (do not leave blank)
Name: Steve Kiggins
Address: P.O. Box 36300 Billings MT 59107
City, State ZIP: Billings, MT 59107

12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates)
The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:
[] Has Not Changed During Preceding 12 Months
[] Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement below)

Table with 2 columns: Full Name, Complete Mailing Address. Lists various entities like Law Enforcers, Madison Family of Companies, etc.

11. Known Bondholders, Mortgagees and Other Security Holders Owring or Holding 1 Percent or more of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box.
Full Name: Barbara Hathaway
Complete Mailing Address: 5355 Farman St, Omaha, NE 68131-3378

12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates)
The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:
[] Has Not Changed During Preceding 12 Months
[] Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement below)

PS Form 3526, July 2014

Table with 3 columns: Extent and Nature of Circulation, Average No. Copies Each Issue During Preceding 12 Months, No. Copies of Single Issue Published Nearest to Filing Date. Includes rows for Total Number of Copies, Paid and/or Requested Circulation, Total Paid Distribution, Free or Nominal Rate Distribution, Total Free or Nominal Rate Distribution, Copies not Distributed, Total (Sum of 12i and 12j), Percent Paid, and Total (Sum of 12i and 12j).

13. Electronic copy Circulation
a. Total Electronic Copies: 4,820
b. Total Paid Print Copies (Line 13c) + Paid Electronic Copies (Line 13a): 9,214
c. Total Print Distribution (Line 13b) + Paid Electronic Copies (Line 13a): 9,783
d. Percentage Paid (Both Print & Electronic Copies (13d divided by 13e x 100): 94.18%

14. Signature and Title of Editor, Publisher, Business Manager, or Owner
Signature: [Signature]
Title: Div Dir of Consumer Sales & Operations
Date: 07/21/2025

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (see 49 USC 3685).