



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000147310** | Submit Date: **05/26/2021** | Lead Call Sign: **KMAX-TV** | FRN: **0003611969**

Service: **Full Service Television** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **05/28/2021** | Filing Status: **Active**

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
SACRAMENTO TELEVISION STATIONS, INC Doing Business As: SACRAMENTO TELEVISION STATIONS, INC	Daniel G. Ryson 2020 M. St., NW - Licensing DEPT Washington, DC 20036 United States	+1 (202) 457-4505	dryson@cbs.com	Corporation

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Nancy A. Ory <i>Attorney</i> Lerman Senter PLLC	2001 L Street, NW, Suite 400 Washington, DC 20036 United States	+1 (202) 416-6791	nory@lermansenter.com	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2021-05-26	0003611969

Consume the Following Authorizations:

Select all the authorizations in the table below that will **not be consummated**

Call Sign	Facility ID	File Number	Will Not Consume
KMAX-TV	51499	0000145632	
KOVR	56550	0000145633	

Certification

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503).	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Keith R. Murphy <i>Authorized Representative</i> 05/26/2021

Attachments

Information not provided.