Approved by OMB (Office of Management and Budget) 3060-0031
March 2019

Federal Communications Commission

# (REFERENCE COPY - Not for submission)
# Notification of Consummation

File Number: **0000150682** | Submit Date: **06/22/2021** | Lead Call Sign: **WXKW** | FRN: **0032037269**
Service: **Full Power FM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **06/23/2021**
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 |
|---|---|---|---|---|
| **James Day** | James Day<br>3830 West Mountain View Drive<br>Fayetteville, AR 72704<br>United States | +1 (518) 331-5861 | dday_65714@yahoo.com | Individual |

## Contact Representatives Information (1)

| Contact Name | Address | Phone | Email | Contact Type |
|---|---|---|---|---|
| **Dave Jackson**<br>*Manager*<br>DDAY BROADCASTING LLC | Dave Jackson<br>513 Fleming Street #12<br>Key West, FL 33040<br>United States | +1 (518) 331-5861 | dday_65714@yahoo.com | Manager |

## Consummation Notification Details

### Details

| Date of Consummation | FRN of Licensee Post-consummation |
|---|---|
| 2021-06-17 | 0020251351 |

### Consummate the Following Authorizations:

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

| Call Sign | Facility ID | File Number | Will Not Consummate |
|---|---|---|---|
| WXKW | 170942 | 0000142963 | |

## 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. | **JAMES DAY**<br>*MANAGER*<br><br>06/22/2021 |

## Attachments

Information not provided.