



# (REFERENCE COPY - Not for submission)

## Notification of Consummation

File Number: **0000155622** | Submit Date: **08/02/2021** | Lead Call Sign: **KPOB-TV** | FRN: **0030884464**

Service: **Full Service Television** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **08/05/2021** | 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
<b>WSIL LICENSE, LLC</b> Doing Business As: WSIL LICENSE, LLC	P.O. BOX 909 QUINCY, IL 62306 United States	+1 (217) 223-5100	bdreasler@quincymedia.com	Corporation

### Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
<b>Elizabeth E. Spainhour</b> Brooks, Pierce et al.	150 Fayetteville Street Suite 1700 Raleigh, NC 27601 United States	+1 (919) 839-0300	espainhour@brookspierce.com	Legal Representative

### Consummation Notification Details

#### Details

Date of Consummation	FRN of Licensee Post-consummation
2021-08-02	0030884464

#### 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
WSIL-TV	73999	0000145334	
KPOB-TV	73998	0000145335	
K10KM-D	74000	0000145336	

### 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.	<b>Elizabeth E Spainhour</b> <i>Outside Legal Counsel</i>  08/02/2021
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**Attachments**

Information not provided.