



(REFERENCE COPY - Not for submission)
Notification of Consummation

File Number: **0000158278** | Submit Date: **09/01/2021** | Lead Call Sign: **WHLG** | FRN: **0001843341**
 Service: **Full Power FM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **09/02/2021**
 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
WHLG FM, LLC	Christopher D. Smith, Manager 5057 TURNPIKE FEEDER ROAD FORT PIERCE, FL 34951 United States	+1 (772) 467-4329	chris.smith@bellsouth.net	Limited Liability Company

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Marissa G Repp , Esq . <i>Attorney</i> Repp Law Firm	Marissa G. Repp, Repp Law Firm 1629 K Street, NW Suite 300 Washington, DC 20006-1631 United States	+1 (202) 656-1619	marissa@repplawfirm.com	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2021-08-31	0001843341

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
WHLG	27674	0000145100	

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.	Christopher D Smith <i>Manager</i> 09/01/2021

Attachments

Information not provided.