



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

**Attachments**

Information not provided.