



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000162858** | Submit Date: **10/05/2021** | Lead Call Sign: **KKLO** | FRN: **0025717851**
Service: **Full Power AM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **10/06/2021** |
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
VISION COMMUNICATIONS, INC. Doing Business As: VISION COMMUNICATIONS, INC.	R.C. AMER, JR. 1550 EAST BATTLEFIELD RD. SUITE A SPRINGFIELD, MO 65804 United States	+1 (417) 831-0995	RCAVISION@GMAIL.COM	Corporation

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
MICHAEL W RICHARDS <i>ATTORNEY</i> LAW OFFICE OF MICHAEL W RICHARDS LC	PO Box 5842 TAKOMA PARK, MD 20913 United States	+1 (202) 657-5780	MICHAEL@MICHAELRICHARDS.US	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2021-10-05	0025717851

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
KKLO	10345	0000149776	
K224FF	21063	0000149777	

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.	MICHAEL W RICHARDS <i>Counsel to Vision Communications, Incorporated</i> 10/05/2021
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Attachments

Information not provided.