



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000182003** | Submit Date: **01/27/2022** | Lead Call Sign: **KIRO-TV** | FRN: **0014361620**

Service: **Full Service Television** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **01/28/2022** | 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
KIRO-TV, Inc.	Legal Department, Cox Media Group 1601 W. Peachtree Street, NE Atlanta, GA 30309 United States	+1 (404) 897-7000	alysia.long@cmg.com	Corporation

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Michael Basile <i>Legal Representative</i> Cooley LLP	Michael Basile 1299 Pennsylvania Avenue, NW Suite 700 Washington, DC 20004 United States	+1 (202) 776-2556	mdbasile@cooley.com	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2022-01-01	0014361620

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
KIRO-TV	66781	0000165830	
K18NI-D	6381	0000165831	
K18NH-D	66788	0000165832	
K29IA-D	66784	0000165833	
K26IC-D	66785	0000165834	
K26OZ-D	66786	0000165835	

Certification

Section	Question	Response
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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.	John Suydam <i>Chief Legal Officer</i> 01/27/2022

Attachments

Information not provided.