



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000182038** | Submit Date: **01/27/2022** | Lead Call Sign: **KMVU-DT** | FRN: **0032111353**

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
Broadcasting Licenses, L.P.	Legal Department, Cox Media Group 1601 W. Peachtree Street, NE Atlanta, GA 30309 United States	+1 (404) 897-7000	alysia.long@cmg.com	Limited Partnership

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Michael Basile 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	0006281562

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
KMVU-DT	32958	0000165925	
K26NB-D	129027	0000165926	
K34NO-D	168366	0000165927	
K32LQ-D	130086	0000165928	
K31GP-D	130825	0000165929	
KFBI-LD	130106	0000165930	

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.