



# (REFERENCE COPY - Not for submission)

## Notification of Consummation

File Number: **0000177944** | Submit Date: **12/27/2021** | Lead Call Sign: **KSOK** | FRN: **0031487077**  
Service: **Full Power AM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **12/27/2021** |  
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
Doxa Wave, LLC	Steve Lungren, Member /Manager PO Box 48 Arkansas City, KS 67005 United States	+1 (620) 506-7076	steve@poncacityradio.com	Limited Liability Company

### Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
John C. Trent , Esq. . <i>Counsel</i> Putbrese Hunsaker & Trent, P. C.	John C. Trent, Esq. 200 South Church Street Woodstock, VA 22664 United States	+1 (540) 459-7646	fccman3@shentel.net	Legal Representative

### Consummation Notification Details

#### Details

Date of Consummation	FRN of Licensee Post-consummation
2021-12-23	0031487077

#### 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
KSOK	14238	0000163312	
K277CK	142750	0000163313	
KSOK-FM	31893	0000163314	

### 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>Steve Lungren</b> <i>Member/Manager</i>  12/27/2021
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**Attachments**

Information not provided.