



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000185041** | Submit Date: **02/18/2022** | Lead Call Sign: **KHAS** | FRN: **0031561830**
Service: **Full Power AM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **02/22/2022** |
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
Flood Communications Tri-Cities, L.L.C.	214 N 7th Street Suite 1 Norfolk, NE 68701 United States	+1 (402) 371-0100	aruback@floodcomm.com	Limited Liability Company

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
MATTHEW H. MCCORMICK , Esq. . FLETCHER, HEALD & HILDRETH, P.L.C.	1300 NORTH 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812-0400	mccormick@fhhlaw.com	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2022-02-16	0031561830

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
KICS	26651	0000165779	
KKPR-FM	52804	0000165780	
K281CW	200122	0000165781	
K224FK	200123	0000165782	
KXPN	52803	0000165783	
K221GM	200124	0000165784	
KHAS	34487	0000165785	

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.	Andrew Ruback <i>Managing Member</i> 02/18/2022

Attachments

Information not provided.