

(REFERENCE COPY - Not for submission) Notification of Consummation

File Number: **0000198062**

Submit Date: 08/22/2022 | Lead Call Sign: KGCX | FRN: 0009609926 Purpose: Notification of Consummation

Status: Accepted Status Date: **08/23/2022**

Service: Full Power FM 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 |
|-------------------------------------|---|-----------------------|-------------------|----------------|
| SIDNEY COMMUNITY BROADCASTING CORP. | 210 S. DOUGLAS STREET GLENDIVE, MT 59330 United States | +1 (406) 377- 3377 | paul@kxgn. com | Corporation |

Contact Representatives Information (1)

| Contact Name | Address | Phone | Email | Contact Type |
|--|--|-----------------------|--------------------------|-------------------------|
| David Oxenford Wilkinson Barker Knauer LLP | 1800 M Street NW Suite 800N Washington, DC 20036 United States | +1 (202) 383- 3337 | doxenford@wbklaw. com | Legal Representative |

Consummation **Notification Details**

Details

| Date of Consummation | FRN of Licensee Post-consummation |
|----------------------|-----------------------------------|
| 2022-08-08 | 0009609926 |

Consummate the Following Authorizations:

Select all the authorizations in the table below that will *not* be consummated

| Call Sign | Facility ID | File Number | Will Not Consummate |
|-----------|-------------|-------------|---------------------|
| KGCX | 84342 | 0000193468 | |

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. | Mary Marks Personal Representative 08/22/2022 |

Attachments

Information not provided.