



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000198061** | Submit Date: **08/22/2022** | Lead Call Sign: **WBKP** | FRN: **0034228171**
Service: **Full Service Television** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date:
08/23/2022 | 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 |
|--|---|-------------------|------------------|----------------|
| Lake Superior Community Broadcasting Corporation | 1705 Ash Street Ste 5 Ishpeming, MI 49849 United States | +1 (906) 204-2436 | kenn@abc10up.com | Corporation |

Contact Representatives Information (1)

| Contact Name | Address | Phone | Email | Contact Type |
|---|---|-------------------|----------------------|----------------------|
| David D. Oxenford Wilkinson Barker Knauer, LLP | 1800 M Street, NW Suite 800N Washington, DC 20036 United States | +1 (202) 783-4141 | doxenford@wbklaw.com | Legal Representative |

Consummation Notification Details

Details

| Date of Consummation | FRN of Licensee Post-consummation |
|----------------------|-----------------------------------|
| 2022-08-08 | 0010932978 |

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 |
|-----------|-------------|-------------|------------------|
| WBUP | 59281 | 0000193466 | |
| WBKP | 76001 | 0000193467 | |

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 <i>Personal Representative</i> 08/22/2022 |
|--|---|

Attachments

Information not provided.