



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000204926** | Submit Date: **12/08/2022** | Lead Call Sign: **WMYN** | FRN: **0004985149**Service: **Full Power AM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **12/09/2022**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
MAYO BROADCASTING CORP. Doing Business As: MAYO BROADCASTING CORP.	Neal Jackson POST OFFICE BOX 279 MAYODAN, NC 27027 United States	+1 (336) 627-9563	njackson@beulah.com	Corporation

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Neal Jackson MAYO BROADCASTING CORP.	POST OFFICE BOX 279 MAYODAN, NC 27027 United States	+1 (336) 627-9563	njackson@beulah.com	President

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2022-12-06	0004985149

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
WLOE	40793	0000194159	
W223DJ	202449	0000194160	
W248DG	202450	0000194161	
WMYN	40794	0000194162	

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.	Neal Jackson <i>President</i> 12/08/2022
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Attachments

Information not provided.