



(REFERENCE COPY - Not for submission)

Extension of Consummation

File Number: **0000221599** | Submit Date: **09/29/2023** | Lead Call Sign: **WBUT** | FRN: **0030202626**
Service: **Full Power AM** | Purpose: **Extension of Consummation** | Status: **Accepted** | Status Date: **10/02/2023** |
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
St. Barnabas Broadcasting, Inc.	5850 Meridian Rd Gibsonia, PA 15044 United States	+1 (724) 687-9355	jdturco@stbarnabashealthsystem.com	Corporation

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Kathleen Kirby Wiley Rein LLP	2050 M Street, NW Washington, DC 20036 United States	+1 (202) 719-3360	kkirby@wiley.law	Legal Representative

Consummation Extension Details

New Requested Consummation Date

Extension Details	Response
This is a first request for a ninety (90) day extension of the deadline to consummate the referenced assignment of license/transfer of control application.	Y
This is a second or greater extension of time for consummation request.	N

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.	James D. Turco <i>Secretary</i> 09/29/2023

Attachments

Information not provided.

