

# (REFERENCE COPY - Not for submission) Notification of Consummation

File Number: 0000233641 | Submit Date: 12/22/2023 | Lead Call Sign: KAZD | FRN: 0033178591

Service: Full Service Television | Purpose: Notification of Consummation | Status: Accepted | Status Date:

12/29/2023 | 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            |
|-------------|--|-------------------|-------------------|---------------------------|
| KAZD-TV LLC | Norman H. Shapiro<br>26 North Halsted Street<br>Chicago, IL 60661<br>United States | +1 (312) 705-2600 | nshapiro@wciu.com | Limited Liability Company |

# Contact Representatives Information (1)

| Contact Name   | Address   | Phone             | Email            | Contact Type         |
|--|---|-------------------|------------------|----------------------|
| Matthew S. DelNero Legal Counsel Covington & Burling LLP | Matthew S. DelNero<br>One CityCenter<br>850 Tenth Street, NW<br>Washington, DC 20001<br>United States | +1 (202) 662-5543 | mdelnero@cov.com | Legal Representative |

# Consummation Notification Details

#### **Details**

| Date of Consummation | FRN of Licensee Post-consummation |
|----------------------|-----------------------------------|
| 2023-12-14           | 0033178591                        |

## **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 |
|-----------|-------------|-------------|---------------------|
| KAZD      | 17433       | 0000226198  |                     |

# 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.  | Norman H Shapiro Manager  12/22/2023 |

**Attachments** 

Information not provided.