



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: 0000234714 | Submit Date: 01/03/2024 | Lead Call Sign: WLZK | FRN: 0014579510

Service: Full Power FM | Purpose: Notification of Consummation | Status: Accepted | Status Date: 01/04/2024 |

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
FOREVER SOUTH LICENSES, LLC	Christine Hillard 351 Pascoe Blvd Suite 103E Bowling Green, KY 42104 United States	+1 (270) 843-3333	chris@forevercom.com	Limited Liability Company

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
2024-01-01	0014579510

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
WLZK	4806	0000221365	
W231BU	140692	0000221366	
W255BF	154940	0000221367	
WTJF-FM	20390	0000221368	
WHNY	4805	0000221369	
WOGY	14743	0000221370	
WHDM	61591	0000221371	
WTPR-FM	12496	0000221372	
WWGY	71506	0000221373	

WENK	71504	0000221374
WRQR-FM	71502	0000221375
WHNY-FM	85416	0000221376
WYJJ	54899	0000221377
WTPR	71503	0000221378
WHHG	50125	0000221379
WTJF	14742	0000221380
W248BK	153039	0000221381
W238CU	201134	0000221382

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.	Christine Hillard <i>Member</i> 01/03/2024

Attachments

Information not provided.