



# (REFERENCE COPY - Not for submission)

## Notification of Consummation

File Number: **0000143620** | Submit Date: **04/19/2021** | Lead Call Sign: **WJCX** | FRN: **0019658384**  
 Service: **Full Power FM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **04/19/2021** |  
 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                                 |
|--------------------------------------|--|-------------------|------------------------|--|
| CALVARY CHAPEL OF BANGOR- NEW BOARD. | 154 RIVER ROAD<br>ORRINGTON, ME 04474<br>United States | +1 (207) 991-9555 | kengraves@ccbangor.org | Private Not-for-Profit Educational Institution |

### Contact Representatives Information (1)

| Contact Name  | Address   | Phone             | Email              | Contact Type         |
|---|---|-------------------|--------------------|----------------------|
| KATHLEEN VICTORY<br>FCC COUNSEL<br>FLETCHER HEALD & HILDRETH, PLC | 1300 N. 17TH STREET<br>SUITE 1100<br>ARLINGTON, VA 22209<br>United States | +1 (703) 812-0473 | victory@fhhlaw.com | Legal Representative |

### Consummation Notification Details

#### Details

| Date of Consummation | FRN of Licensee Post-consummation |
|----------------------|-----------------------------------|
| 2021-04-16           | 0019658384                        |

#### 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 |
|-----------|-------------|-------------|---------------------|
| WJCX      | 421         | 0000142986  |                     |

### 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.  | <b>Ken Graves</b><br><i>Sr. Pastor/President</i><br><br>04/19/2021 |

**Attachments**

Information not provided.