



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000150188** | Submit Date: **06/15/2021** | Lead Call Sign: **WKFO** | FRN: **0026576223**
Service: **Full Power AM** | Purpose: **Notification of Consummation** | Status: **Denied** | Status Date: **06/15/2021** |
Filing Status: **Inactive**

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
FAMILY-LIFE MEDIA-COM, INC. Doing Business As: FAMILY-LIFE MEDIA-COM, INC.	Linda Sue Foster, President P.O. Box 758 KITTANNING, PA 16201 United States	+1 (724) 548-8000	admin@kittanningpaper.com	Corporation

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Jeffrey L. Timmons , Esq. . <i>FCC Counsel</i> Jeffrey L. Timmons, Esq.	974 Branford Lane NW Lilburn, GA 30047 United States	+1 (678) 463-5116	jeff@timmonspc.com	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
	0026576223

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
WKFO	69975	0000132156	X
W279DN	201303	0000132157	X

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.	Linda Sue Foster <i>President</i> 06/15/2021

Attachments

Information not provided.