



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000153822** | Submit Date: **07/23/2021** | Lead Call Sign: **KKRN** | FRN: **0016791634**
Service: **Full Power FM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **07/27/2021** |
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
ACORN COMMUNITY ENTERPRISES Doing Business As: ACORN COMMUNITY ENTERPRISES	PO BOX 188 MONTGOMERY CREEK, CA 96065 United States	+1 (530) 337-1101	ellen@kkrn.org	Not-for-Profit

Contact Representatives Information (3)

Contact Name	Address	Phone	Email	Contact Type
MICHAEL D. Brown <i>ENGINEERING CONSULTANT</i> Brown Broadcast Services	Michael D. Brown 3740 SW COMUS ST PORTLAND, OR 97219 United States	+1 (503) 245-6065	MIKE@BROWNBROADCAST.COM	Technical Representative
Michael Couzens <i>Attorney at Law</i> Michael Couzens Law Office	michael couzens PO Box 3642 oakland, CA 94609 United States	+1 (510) 658-7654	cuz@well.com	Legal Representative
Ellen Sugg ACORN COMMUNITY ENTERPRISES	PO Box 188 Montgomery Creek, CA 96065 United States	+1 (530) 337-6736	ellen@kkrn.org	Officer

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2021-07-23	0016791634

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
KKRN	172603	0000144513	

Certification

Section	Question	Response
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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.	michael couzens <i>Attorney for Tranferring Parties</i> 07/23/2021

Attachments

Information not provided.