



(REFERENCE COPY - Not for submission)
Notification of Consummation

File Number: **0000155588** | Submit Date: **08/02/2021** | Lead Call Sign: **WAOW** | FRN: **0030884985**
Service: **Full Service Television** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date:
08/05/2021 | 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
WAOW-WYOW LICENSE, LLC Doing Business As: WAOW-WYOW LICENSE, LLC	WAOW-WYOW TELEVISION, INC. P.O. BOX 909 QUINCY, IL 62306 United States	+1 (217) 223-5100	bdreasler@quincymedia. com	Limited Liability Company

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Elizabeth E. Spainhour Brooks, Pierce et al.	150 Fayetteville Street Suite 1700 Raleigh, NC 27601 United States	+1 (919) 839- 0300	espainhour@brookspierce. com	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2021-08-02	0030884985

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
WAOW	64546	0000145329	
WMOW	81503	0000145330	

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.

Elizabeth E. Spainhour
Outside Legal Counsel

08/02/2021

Attachments

Information not provided.