



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000158559** | Submit Date: **09/03/2021** | Lead Call Sign: **WWCB** | FRN: **0021868559**
 Service: **Full Power AM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **09/07/2021** |
 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
ROUTE 6 BROADCASTING AREA PARTNERSHIP Doing Business As: ROUTE 6 BROADCASTING AREA PARTNERSHIP	William Stafford 122 NORTH CENTER STREET CORY, PA 16407 United States	+1 (814) 664-8694	sdillc@hotmail.com	Limited Partnership

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
DONALD MARTIN <i>Attorney</i> DONALD E. MARTIN, P. C.	Donald Martin PO Box 8433 FALLS CHURCH, VA 22041 United States	+1 (703) 642- 2344	DEMPC@PRODIGY.NET	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2021-09-03	0021868559

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
WWCB	13967	0000144510	
W231DW	202535	0000144511	

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.	William Stafford <i>General Partner</i> 09/03/2021
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Attachments

Information not provided.