



(REFERENCE COPY - Not for submission)

Extension of Consummation

File Number: **0000178155** | Submit Date: **12/29/2021** | Lead Call Sign: **WREB** | FRN: **0016834202**Service: **Full Power FM** | Purpose: **Extension of Consummation** | Status: **Accepted** | Status Date: **01/05/2022** |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
THE ORIGINAL COMPANY, INC Doing Business As: THE ORIGINAL COMPANY, INC	1309 OLD ORCHARD RD PO BOX 242 VINCENNES, IN 47591 United States	+1 (812) 882-6060	marklange@originalcompany.com	Corporation

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
ALLAN G. Moskowitz , Esq. . <i>Attorney</i> Allan G. Moskowitz, Esq.	ALLAN G. MOSKOWITZ, Esq. 10845 TUCKAHOE WAY NORTH POTOMAC, MD 20878 United States	+1 (301) 908-4165	AMOSKOWITZ@AMOSKOWITZLAW.COM	Legal Representative

Consummation Extension Details

New Requested Consummation Date

Extension Details	Response
This is a first request for a ninety (90) day extension of the deadline to consummate the referenced assignment of license/transfer of control application.	Y
This is a second or greater extension of time for consummation request.	N

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.	Allan G. Moskowitz , Esq. . <i>Attorney</i> 12/29/2021
--	---

Attachments

Information not provided.