



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000178755** | Submit Date: **01/05/2022** | Lead Call Sign: **KBGY** | FRN: **0032102824**
 Service: **Full Power FM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **01/06/2022** |
 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
Milestone Radio II LLC Doing Business As: Milestone Radio II LLC	Dennis Carpenter 14443 Armstrong Blvd NW Ramsey, MN 55303 United States	+1 (763) 412-4637	denniscarpenter@gmail.com	Limited Liability Company

Contact Representatives Information (2)

Contact Name	Address	Phone	Email	Contact Type
Jessica Gyllstrom <i>Legal Counsel</i> Telecommunications Law Professionals PLLC	1025 Connecticut Ave, NW Suite 1011 Washington, DC 20036 United States	+1 (202) 789-3116	jgyllstrom@tlp.law	Legal Representative
Gregg P Skall , Esq. . <i>Legal Counsel</i> Telecommunications Law Professionals PLLC	Gregg P Skall 1025 Connecticut Ave, NW Suite 1011 Washington, DC 20036 United States	+1 (202) 789-3121	gskall@tlp.law	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2021-12-23	0009969494

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
KBGY	84475	0000177218	

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.	Renaë Peters <i>Personal Representative</i> 01/05/2022
--	---

Attachments

Information not provided.