



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000177591** | Submit Date: **12/21/2021** | Lead Call Sign: **KTTM** | FRN: **0005077524**
Service: **Full Service Television** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date:
12/22/2021 | 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
INDEPENDENT COMMUNICATIONS, INC. Doing Business As: INDEPENDENT COMMUNICATIONS, INC.	Mr. Tom Whalen 2901 WEST 11TH STREET SIOUX FALLS, SD 57104 United States	+1 (605) 366-5918	twhalen@rentall-inc.com	Corporation

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
MATTHEW H. MCCORMICK <i>Legal Counsel</i> FLETCHER, HEALD & HILDRETH, P.L.C.	1300 NORTH 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812-0400	MCCORMICK@FHHLAW.COM	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2021-12-21	0005077524

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
KTTW	28521	0000136045	
KTTM	28501	0000136046	

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.	Tom Whalen <i>Officer</i> 12/21/2021
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Attachments

Information not provided.