

(REFERENCE COPY - Not for submission) Notification of Consummation

| File Number: 0000189948 Submi | | t Date: 05/03/2022 | Lead Call Sign: KLSR-TV | | FRN: 000628 | 1562 | |
|----------------------------------|---------------|--------------------|---------------------------------------|--|-------------|----------------|--------------|
| Service: Full Service Television | | | Purpose: Notification of Consummation | | | itus: Accepted | Status Date: |
| 05/04/2022 | Filing Status | Active |) | | 1 | | |

| General Information | Section Attachments | | Question Are attachments (other than associated schedules) being filed with this application? | | | | Response No | | |
|------------------------------------|--|--|---|--|----------------------------|----------------|-----------------------|----------------|--|
| mornauon | | | | | | | | | |
| Applicant Information | Applicant Name, Type, and Contact Information | | | | | | | | |
| | Applicant | | | Address | Phone | Email | | Applicant Type | |
| | CALIFORNIA OREGON BROADCASTING, INC. | | | PATRICIA C. SMULLIN PO Box 1489 MEDFORD, OR 97501 United States | +1 (541) 779- 5555 | cobiadm com | in@kobi5. | Corporation | |
| Contact | Contact Name | Address | 5 | Phone | Ema | il | Conta | ct Type | |
| Representatives Information (1) | Kathleen Kirby Wiley Rein LLP | 2050 M Street, NW Washington, DC 200 United States | | +1 (202) 719 | | | | Representative | |
| Consummation Notification | Details | | | | | | | | |
| Details | Date of Consumma | FRN of Licensee Post-consummation | | | | | | | |
| | 2022-05-02 0006281562 | | | | | | | | |
| | Consummate the Following Authorizations: | | | | | | | | |
| | Select all the authorizations in the table below that will not be consummated | | | | | | | | |
| | Call Sign | Facility ID | | File Number | File Number Will Not Const | | ımmate | | |
| | KLSR-TV | 8322 | | 0000185519 | | | | | |
| | | | | | | | | | |
| Certification | Section | | Question | | | | Respons | e | |
| | Authorized Party t | o Sign | WILLFUL FALSE STATEMENTS MADE ON THIS FORM | | | | | | |

| 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. | Patricia C. Smullin President 05/03/2022 |

Attachments Information not provided.