



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000134948** | Submit Date: **02/02/2021** | Lead Call Sign: **KQRV** | FRN: **0001628684**
 Service: **Full Power AM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **02/02/2021** |
 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
Robert Cummings Toole <i>Sole Proprietor</i> Doing Business As: ROBERT CUMMINGS TOOLE	774 EASTSIDE ROAD DEER LODGE, MT 59722 United States	+1 (406) 846-1100	karensatriv@gmail.com	Individual

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Joseph C Chautin , III . <i>Attorney-at-law</i> Hardy, Carey, Chautin & Balkin, LLP	1080 W. Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629-0777	jchautin@hardycarey.com	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2021-02-01	0030296222

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
DKBCK	670	0000129820	
K257AF	69373	0000129821	
KQRV	79010	0000129822	

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.	Karen L Toole <i>Personal Representative, Estate of Robert Cummings Toole</i> 02/01/2021
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Attachments

Information not provided.