



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000163458** | Submit Date: **10/12/2021** | Lead Call Sign: **K283AE** | FRN: **0005046875**

Service: **Full Power AM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **10/12/2021**

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
GRANTS PASS BROADCASTING CORPORATION	888 ROGUE RIVER HIGHWAY GRANTS PASS, OR 97527 United States	+1 (541) 476-6608	kajo@kajo.com	Corporation

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Jessica A Rogers <i>Attorney</i> LUVAAS COBB	777 High Street #300 EUGENE, OR 97440 United States	+1 (541) 484-9292	JROGERS@LUVAASCOBB.COM	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2021-09-03	0005046875

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
KAJO	24822	0000152214	
K251AX	24825	0000152215	
K259AE	24827	0000152216	
KLDR	24821	0000152217	
KRRM	60215	0000152218	
K283AE	24826	0000152219	

Certification

Section	Question	Response
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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.	Carl Wilson <i>President</i> 10/12/2021

Attachments

Information not provided.