



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000173957** | Submit Date: **11/30/2021** | Lead Call Sign: **W287BY** | FRN: **0002718062**
 Service: **Full Power AM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **12/01/2021** |
 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
SUSAN S BUCKWALTER, ADMINISTRATOR Susan S. Buckwalter - Administrator of the Estate of A. Joseph Salvi	C/O REILLY LAW OFFICES 6801 SPRING CREEK ROAD, STE 2D ROCKFORD, IL 61114 United States	+1 (000) 000-0000	johnsneely@yahoo. com	Other

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
John Neely , Esq . .	4 Simms Court Kensington, MD 20895 United States	+1 (301) 933-6304	johnsneely@yahoo.com	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2021-11-30	0002718062

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
WLUV	2255	0000156041	
W287BY	151837	0000156042	

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.	Susan Buckwalter <i>Administrator</i> 11/30/2021

Attachments

Information not provided.