



# (REFERENCE COPY - Not for submission)

## Notification of Consummation

File Number: **0000179474** | Submit Date: **01/10/2022** | Lead Call Sign: **KBFS** | FRN: **0030377311**  
Service: **Full Power AM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **01/12/2022** |  
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
<b>ULTIMATE CAPS, INC.</b> Doing Business As: ULTIMATE CAPS, INC.	BOX 787 707 HARDING STREET BELLE FOURCHE, SD 57717 United States	+1 (605) 892-2571	karl@kbfs.com	Corporation

### Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
<b>F. Reid Avett</b> <i>Legal Representative</i> Womble Bond Dickinson (US) LLP	2001 K Street, NW Suite 400 South Washington, DC 20006 United States	+1 (202) 857-4425	Reid.Avett@wbd-us.com	Legal Representative

### Consummation Notification Details

#### Details

Date of Consummation	FRN of Licensee Post-consummation
2022-01-10	0030377311

#### 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
KBFS	68739	0000134900	
KYDT	78241	0000134901	

### 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.	<b>Ogden Driskill</b> <i>Manager</i>  01/10/2022
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**Attachments**

Information not provided.