



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000179475** | Submit Date: **01/10/2022** | Lead Call Sign: **KYDT** | 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
ULTIMATE CAPS, INC. 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
F. Reid Avett <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.	Ogden Driskill <i>Manager</i> 01/10/2022
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Attachments

Information not provided.