



(REFERENCE COPY - Not for submission)
Notification of Consummation

File Number: 0000214247 | Submit Date: 04/27/2023 | Lead Call Sign: WALQ | FRN: 0006640254
Service: Full Power AM | Purpose: Notification of Consummation | Status: Accepted | Status Date: 04/27/2023 |
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 |
|---|---|-------------------|---------------------------------|---------------------------|
| AUGUSTUS FOUNDATION, INC. Doing Business As: AUGUSTUS FOUNDATION, INC. | Dr. Michael Augustus P.O. Box 406 LA MARQUE, TX 77568 United States | +1 (409) 500-0936 | theaugustusfoundation@gmail.com | Limited Liability Company |

Contact Representatives Information (2)

| Contact Name | Address | Phone | Email | Contact Type |
|--|---|-------------------|---------------------------------|--|
| Dr. Michael Augustus <i>President and Director</i> Augustus Foundation, Inc. | Dr. Michael Augustus P.O. Box 406 LaMarque, TX 77568 United States | +1 (409) 500-0936 | theaugustusfoundation@gmail.com | Officer of Licensee, Augustus Foundation, Inc. |
| Bryan Covey <i>Contract Engineer</i> Covey Technical | Bryan Covey 804 Perry Street Evergreen, AL 36401 United States | +1 (251) 277-6395 | bcoveyfrms@gmail.com | Technical Representative |

Consummation Notification Details

Details

| Date of Consummation | FRN of Licensee Post-consummation |
|----------------------|-----------------------------------|
| 2023-04-26 | 0015323678 |

Consummate the Following Authorizations:

Select all the authorizations in the table below that will *not be consummated*

| Call Sign | Facility ID | File Number | Will Not Consummate |
|-----------|-------------|-------------|---------------------|
| WALQ | 68309 | 0000203154 | |

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. | Michael Augustus <i>Managing Member</i> 04/27/2023 |

Attachments

Information not provided.