



# (REFERENCE COPY - Not for submission)

## Notification of Consummation

File Number: **0000203496** | Submit Date: **11/14/2022** | Lead Call Sign: **K225CW** | FRN: **0020563748**  
 Service: **Full Power AM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **11/14/2022** |  
 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>BASIN MEDIACTIVE, LLC</b> Doing Business As: BASIN MEDIACTIVE, LLC	404 MAIN STREET SUITE 4 KLAMATH FALLS, OR 97601 United States	+1 (541) 882-8833	SUPPORT@MYBASIN.COM	Limited Liability Company

### Contact Representatives Information (2)

Contact Name	Address	Phone	Email	Contact Type
<b>Dawn Sciarrino</b> <i>Managing Member</i> Sciarrino & Shubert, PLLC	330 Franklin Road Suite 135A-133 Brentwood, TN 37027 United States	+1 (202) 256-9551	dawn@sciarrinolaw.com	Legal Representative
<b>Rob Siems</b> Basin Mediactive	404 Main St Suite 4 Klamath Falls, OR 97601 United States	+1 (541) 850-7114	rob@mybasin.com	Technical Representative

### Consummation Notification Details

#### Details

Date of Consummation	FRN of Licensee Post-consummation
2022-11-10	0020563748

#### 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
KLAD	3408	0000202990	
KLAD-FM	3409	0000202991	
KAGO	23245	0000202992	
KHIC	190240	0000202993	
KFXX-FM	23246	0000202994	
K282CB	202145	0000202995	
KAGO-FM	198620	0000202996	

K225CW	202144	0000202997
K227CU	28779	0000202998

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>Stacy L Ingstad</b> <i>The Robert J. Ingstad Estate, Stacy L. Ingstad, Personal Representative</i>  11/14/2022

Attachments

Information not provided.