



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000214796** | Submit Date: **05/15/2023** | Lead Call Sign: **KWME** | FRN: **0005017173**Service: **Full Power AM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **05/16/2023**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
My Town Media Inc	William B. Wachter 250 N. Water Suite 300 Wichita, KS 67202 United States	+1 (620) 232-5993	bill@mytownmedia.com	Corporation

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
John S. Logan <i>Legal Representative</i> Cooley LLP	John S. Logan 1299 Pennsylvania Ave., NW, Suite 700 Washington, DC 20004 United States	+1 (202) 415-2435	jlogan@cooley.com	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2023-05-12	0005017173

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
KKLE	31892	0000210074	
K281DI	142748	0000210075	
KWME	31894	0000210076	
KSMM	36752	0000210077	
KLEY	31895	0000210078	
KMMM	37126	0000210079	

Certification

Section	Question	Response
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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.	William B Wachter <i>President</i> 05/15/2023

Attachments

Information not provided.