



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000146061** | Submit Date: **05/19/2021** | Lead Call Sign: **KUVS-DT** | FRN: **0001531292**

Service: **Full Service Television** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **05/28/2021** | 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 |
|--------------------------------|------------------------------------------------------------------------------------|-------------------|---------------------|---------------------|
| KUVS LICENSE PARTNERSHIP, G.P. | CHRISTOPHER G. WOOD 5999 CENTER DRIVE LOS ANGELES, CA 90045 United States | +1 (310) 348-3600 | CWOOD@UNIVISION.NET | General Partnership |

Contact Representatives Information (1)

| Contact Name | Address | Phone | Email | Contact Type |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------|------------------|----------------------|
| Matthew S. DelNero Covington & Burling LLP | Matthew S. DelNero One CityCenter 850 Tenth Street, N.W. Washington, DC 20001 United States | +1 (202) 662-5543 | MDELNERO@COV.COM | Legal Representative |

Consummation Notification Details

Details

| Date of Consummation | FRN of Licensee Post-consummation |
|----------------------|-----------------------------------|
| 2021-05-18 | 0001531292 |

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 |
|-----------|-------------|-------------|---------------------|
| KUVS-DT | 58609 | 0000139607 | |

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. | Christopher G Wood <i>SVP ASSOC GEN COUN</i> <i>GOV AND REG AFF</i> 05/19/2021 |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

Attachments

Information not provided.