



# (REFERENCE COPY - Not for submission)

## Notification of Consummation

File Number: **0000165469** | Submit Date: **11/01/2021** | Lead Call Sign: **WACP** | FRN: **0007202963**  
 Service: **Full Service Television** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date:  
**11/02/2021** | 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
Faith Broadcasting Network, Inc.	Michael J. Daly, Esq. P O Box 1010 Marion, IL 62959 United States	+1 (618) 997-4700	mjd@tct.tv	Not-for-Profit

### Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Joseph C Chautin, III <i>Attorney-at-law</i> Hardy, Carey, Chautin & Balkin, LLP	1080 West Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629-0777	jchautin@hardycarey.com	Legal Representative

### Consummation Notification Details

#### Details

Date of Consummation	FRN of Licensee Post-consummation
2021-11-01	0007202963

#### 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
WACP	189358	0000158528	

### 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>Garth W Coonce</b> <i>President</i>  11/01/2021

### Attachments

Information not provided.

