



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000173909** | Submit Date: **11/30/2021** | Lead Call Sign: **KQME** | FRN: **0018223693**
 Service: **Full Service Television** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date:
12/01/2021 | 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
Gray Television Licensee, LLC	4370 Peachtree Road, NE Atlanta, GA 30319 United States	+1 (404) 266-8333	robert.folliard@gray.tv	Limited Liability Company

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Joan Stewart Wiley Rein LLP	1776 K Street, NW Washington, DC 20006 United States	+1 (202) 719-7438	jstewart@wiley.law	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2021-11-30	0018223693

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
KHME	17688	0000163685	
KQME	17686	0000163686	

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.	Robert Folliard , III . <i>Assistant Secretary</i> 11/30/2021

Attachments

Information not provided.