



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000206142** | Submit Date: **01/03/2023** | Lead Call Sign: **K17FE-D** | FRN: **0002629566**
Service: **Full Service Television** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date:
01/03/2023 | 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
KSAX-TV, LLC Doing Business As: KSAX-TV, LLC	Ryan Vandewiele 3415 University Ave. St. Paul, MN 55114 United States	+1 (651) 642-4334	KShuldes@hbi.com	Limited Liability Company

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Charles R. Naftalin Holland & Knight LLP	800 17th Street, N.W. Suite #1100 Washington, DC 20006-3906 United States	+1 (202) 457-7040	charles.naftalin@hklaw.com	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2022-12-30	0002629566

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
KSAX	35584	0000203794	
K17FE-D	27991	0000203795	
K32FY-D	27999	0000203796	
K28DD-D	28009	0000203797	
KRWF	35585	0000203798	
K16BQ-D	28012	0000203799	

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.	Ryan Vandewiele <i>Vice President</i> 01/03/2023

Attachments

Information not provided.