

(REFERENCE COPY - Not for submission) Notification of Consummation

File Number: 0000243169 | Submit Date: 04/05/2024 | Lead Call Sign: K31GH-D | FRN: 0034576454

Service: Full Service Television | Purpose: Notification of Consummation | Status: Accepted | Status Date

04/08/2024 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
KQDS-TV CORP.	Kathy Lau P. O. BOX 9115 FARGO, ND 58106 United States	+1 (701) 277-1515	KLAU@KVRR.COM	Corporation

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
CHARLES R. NAFTALIN , ESQ . HOLLAND & KNIGHT LLP	800 17TH STREET, N.W. SUITE 1100 WASHINGTON, DC 20006 United States	+1 (202) 457- 7040	CHARLES. NAFTALIN@HKLAW.COM	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2024-04-05	0034576454

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
KQDS-TV	35525	0000232149	
K29EB-D	55363	0000232150	
K15GT-D	129205	0000232151	
W32CV-D	128843	0000232152	
K22MR-D	128844	0000232153	
K31GH-D	128838	0000232154	
W15EE-D	130295	0000232155	
K20NR-D	129439	0000232156	

Certification

Section Question Response	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.	Kathy Lau Chief Operating Officer 04/05/2024

Attachments

Information not provided.