



# (REFERENCE COPY - Not for submission)

## Notification of Consummation

File Number: **0000173908** | Submit Date: **11/30/2021** | Lead Call Sign: **KHME** | 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.	<b>Robert Folliard , III .</b> <i>Assistant Secretary</i>  11/30/2021

**Attachments**

Information not provided.