

# (REFERENCE COPY - Not for submission) Notification of Consummation

File Number: 0000202109 | Submit Date: 10/11/2022 | Lead Call Sign: KTGM | FRN: 0013877352

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

10/11/2022 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
SORENSEN TELEVISION SYSTEMS, INC Doing Business As: SORENSEN TELEVISION SYSTEMS, INC	962 Pale San Vitores Road #116 Tumon, GU 96913 United States	+1 (671) 477-5700	marilyn@spbguam. com	Corporation

#### Contact Representatives Information (2)

Contact Name	Address	Phone	Email	Contact Type
Grey Frierson Haertig , P.E CONSULTING ENGINEER Gray Frierson Haertig & Assoc.	Gray Frierson Haertig and Assoc. 4646 S.W. Council Crest Drive Portland, OR 97239 United States	+1 (503) 282-2989	gfh@haertig.com	Technical Representative
ALLAN G. Moskowitz , Esq Attorney Allan G. Moskowitz, Esq.	Allan G. Moskowitz, Esq. 10845 TUCKAHOE WAY NORTH POTOMAC, MD 20878 United States	+1 (301) 908-4165	AMOSKOWITZ@AMOSKOWITZLAW.	Legal Representative

#### Consummation Notification Details

#### **Details**

Date of Consummation	FRN of Licensee Post-consummation
2022-10-07	0013877352

#### **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
KTGM	29232	0000189397	
KEQI-LD	125527	0000189398	
KPPI-LD	125202	0000189399	

#### 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.	ALLAN G MOSKOWITZ Esq Attorney

### **Attachments**

Information not provided.