

(REFERENCE COPY - Not for submission) Notification of Consummation

File Number: 0000187359 | Submit Date: 03/28/2022 | Lead Call Sign: KYQT-LP | FRN: 0030729339

Service: Low Power FM Purpose: Notification of Consummation Status: Accepted Status Date: 03/28/2022

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 |
|--|---|-----------------------|---------------------------|----------------|
| Tool Shed PDX Doing Business As: Tool Shed PDX | 5040 SE Milwaukie Portland, OR 97202 United States | +1 (503) 232- 7433 | deadletterb@gmail. com | Not-for-Profit |

Contact Representatives Information (1)

| Contact Name | Address | Phone | Email | Contact Type |
|--|--|-----------------------|------------------------------|-------------------------|
| Todd Urick Paperwork Consultant Individual | 28631 Sloan Canyon Rd Castaic, CA 91384 United States | +1 (530) 848- 7831 | todd@commonfrequency. org | Legal Representative |

Consummation Notification Details

Details

| Date of Consummation | FRN of Licensee Post-consummation |
|----------------------|-----------------------------------|
| 2022-03-24 | 0030729339 |

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 |
|-----------|-------------|-------------|---------------------|
| KYQT-LP | 195722 | 0000141343 | |

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 | Ben Grad Director |
| | Authorization(s) specified above. | 03/28/2022 |