



# (REFERENCE COPY - Not for submission)

## Notification of Consummation

File Number: **0000135818** | Submit Date: **02/10/2021** | Lead Call Sign: **KSTX** | FRN: **0007210701**  
Service: **Full Power FM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **02/10/2021** |  
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
TEXAS PUBLIC RADIO	321 W. Commerce St. SAN ANTONIO, TX 78205 United States	+1 (210) 614-8977	joyce@tpr.org	Not-for-Profit

### Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Brad Deutsch Foster Garvey PC	Brad Deutsch 1000 Potomac St., NW Suite 200 Washington, DC 20007 United States	+1 (202) 298-1793	brad.deutsch@foster.com	Legal Representative

### Consummation Notification Details

#### Details

Date of Consummation	FRN of Licensee Post-consummation
2021-02-09	0007210701

#### 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
KTXI	77699	0000130158	
KPAC	65335	0000130159	
KVHL	173366	0000130160	
KTPD	173346	0000130161	
KTPR	172898	0000130162	
KCTI	24564	0000130163	
KSTX	65334	0000130164	

### 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.	<b>Brad C Deutsch</b> <i>Counsel</i>  02/09/2021

Attachments

Information not provided.