



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000157093** | Submit Date: **08/13/2021** | Lead Call Sign: **KNZS** | FRN: **0003763711**
 Service: **Full Power FM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **08/23/2021** |
 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
AD ASTRA PER ASPERA BROADCASTING, INC. Doing Business As: AD ASTRA PER ASPERA BROADCASTING, INC.	Cliff C Shank 10 E. 5th Ave. Hutchinson, KS 67501 United States	+1 (620) 665-5758	CLIFFCSHANK@YAHOO.COM	Corporation

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Clifford Charles Shank <i>President</i> AD ASTRA PER ASPERA BROADCASTING, INC.	Cliff C Shank 10 E. 5th Ave. Hutchinson, KS 67501 United States	+1 (620) 665-5758	CLIFFCSHANK@YAHOO.COM	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2021-08-01	0003763711

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
KXKU	430	0000145067	
KNZS	1137	0000145068	
KSKU	431	0000145069	
KWHK	164086	0000145070	

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.	Cliff C. Shank <i>CFO</i> 08/13/2021
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Attachments

Information not provided.