



# (REFERENCE COPY - Not for submission)

## Notification of Consummation

File Number: **0000197111** | Submit Date: **08/05/2022** | Lead Call Sign: **KUDI** | FRN: **0004076824**  
 Service: **Full Power FM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **08/08/2022** |  
 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
<b>MOTA Ministries, Inc.</b> Doing Business As: MOTA MINISTRIES, INC.	Michael Manuel PO Box 607 FAIRFIELD, MT 59436 United States	+1 (406) 590-2304	mikemanuel.mt@gmail.com	Not-for-Profit

### Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
<b>Roger Lonnquist</b> <i>CONSULTANT</i> Northwest Capital Corporation	Roger Lonnquist PO Box 7393 Helena, MT 59694 United States	+1 (406) 949-4308	ynopfm@gmail.com	Technical Representative

### Consummation Notification Details

#### Details

Date of Consummation	FRN of Licensee Post-consummation
2022-08-02	0004076824

#### 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
KUDI	176530	0000193250	

### 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>Michael Manuel</b> <i>President</i>  08/05/2022

**Attachments**

Information not provided.