



(REFERENCE COPY - Not for submission) Notification of Consummation

File Number: **0000199136** | Submit Date: **09/02/2022** | Lead Call Sign: **WIFY** | FRN: **0007598147**
Service: **Full Power FM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **09/02/2022** |
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
RADIO BROADCASTING SERVICES, INCORPORATED	288 SOUTH RIVER ROAD BEDFORD, NH 03110 United States	+1 (603) 668-6400	lisab@nebcast.com	Corporation

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Barry Friedman Thompson Hine LLP	Suite 700 1919 M Street, N.W. Washington, DC 20036 United States	+1 (202) 973-2789	barry.friedman@thompsonhine.com	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2022-09-01	0007598147

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
WWMP	20592	0000162712	
WIFY	83867	0000162713	
W252CJ	155550	0000162714	
WFAD	53612	0000162715	
WRSA	34812	0000162716	
W266CU	154466	0000162717	
DWCAT	73613	0000162718	
WWMP-FM1	110504	0000162719	

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.	Edward Flanagan <i>President</i> 09/02/2022

Attachments

Information not provided.