



# (REFERENCE COPY - Not for submission)

## Notification of Consummation

File Number: **0000154098** | Submit Date: **07/27/2021** | Lead Call Sign: **WFDX** | FRN: **0030518898**  
Service: **Full Power FM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **07/28/2021** |  
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
<b>NORTHERN MICHIGAN RADIO, INC.</b> Doing Business As: NORTHERN MICHIGAN RADIO, INC.	P.O. Box 639 Minot, ND 58701 United States	+1 (231) 941-4815	Kristal. flateau@gopepsind.com	Corporation

### Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
<b>Anne Goodwin Crump</b> FLETCHER, HEALD & HILDERTH, P.L.C.	1300 NORTH 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812-0426	CRUMP@FHHLAW.COM	Legal Representative

### Consummation Notification Details

#### Details

Date of Consummation	FRN of Licensee Post-consummation
2021-07-19	0030518898

#### 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
WFDX	49573	0000139513	
DW263CD	140609	0000139514	

### 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>William Langer Gokey</b> <i>President</i>  07/27/2021
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**Attachments**

Information not provided.