



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000153996** | Submit Date: **07/26/2021** | Lead Call Sign: **DK284CL** | FRN: **0030224653**

Service: **Full Power FM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **07/27/2021**

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
Thomas Huth Revocable Living Trust	Dwilynda Huth Post Office Box 669 Marysville, CA 95901 United States	+1 (530) 742-5555	dwilynda@gmail.com	Trust

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Dennis J. Kelly <i>Attorney</i> Law Office of Dennis J. Kelly	Post Office Box 41177 Washington, DC 20018-0577 United States	+1 (202) 293-2300	dkellyfcclaw1@comcast.net	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2021-07-24	0030224653

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
KTOR	82891	0000129517	
KHEX	31618	0000129518	
KGXX	183357	0000129519	
K257EK	151434	0000129520	
KAJK	162465	0000129521	
DK284CL	156223	0000129522	
KLZN	160277	0000129523	

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.	Dennis J. Kelly <i>Attorney at Law</i> 07/26/2021

Attachments

Information not provided.