



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000158335** | Submit Date: **09/01/2021** | Lead Call Sign: **WRNP** | FRN: **0005049143**
 Service: **Full Power FM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **09/02/2021** |
 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
NORTHEAST INDIANA PUBLIC RADIO, INC. Doing Business As: NORTHEAST INDIANA PUBLIC RADIO, INC.	Peter Dominowski 3204 CLAIRMONT COURT PO BOX 8459 FORT WAYNE, IN 46898 United States	+1 (260) 452-1189	pdominowski@nipr.fm	Not-for-Profit

Contact Representatives Information (2)

Contact Name	Address	Phone	Email	Contact Type
Margaret L. Miller <i>Partner</i> Gray Miller Persh LLP	Margaret L. Miller 2233 Wisconsin Ave. NW Suite 226 Washington, DC 20007 United States	+1 (202) 776-2914	mmiller@graymillerpersh.com	Legal Representative
Derek L. Teslik <i>Partner</i> Gray Miller Persh LLP	Derek Teslik 2233 Wisconsin Ave. NW Suite 226 Washington, DC 20007 United States	+1 (202) 776-2914	dteslik@graymillerpersh.com	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2021-09-01	0005049143

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
WRNP	46434	0000149670	

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.	Peter Dominowski <i>President</i> 09/01/2021

Attachments

Information not provided.