

File Number: 0000212588

Submit Date: 03/16/2023

Lead Call Sign: KFMN-FM1

FRN: 0004330817

Service: Full Power FM

Purpose: Notification of Consummation

Status: Accepted

Status Date: 03/17/2023

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>FM 97 ASSOCIATES</b><br>Doing Business As: FM 97 ASSOCIATES | P. O. BOX 1566<br>LIHUE, HI 96766<br>United States | +1 (808) 246-1197 | frontdesk@fm97radio.com | General Partnership |

Contact Representatives Information (2)

| Contact Name   | Address   | Phone             | Email                   | Contact Type         |
|--|---|-------------------|-------------------------|----------------------|
| <b>Nancy A. Ory</b><br><i>Attorney</i><br>Lerman Senter PLLC | Nancy A. Ory<br>Lerman Senter PLLC<br>2001 L Street, NW, Suite 400<br>Washington, DC 20036<br>United States | +1 (202) 416-6791 | NORY@LERMANSENTER.COM   | Legal Representative |
| <b>Russell Wada</b><br>FM 97 ASSOCIATES                      | P. O. BOX 1566<br>LIHUE, HI 96766<br>United States  | +1 (808) 246-1197 | frontdesk@fm97radio.com | Station Engineer     |

Consummation Notification Details

Details

| Date of Consummation | FRN of Licensee Post-consummation |
|----------------------|-----------------------------------|
| 2023-03-15           | 0004330817                        |

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 |
|-----------|-------------|-------------|---------------------|
| KFMN      | 21843       | 0000206746  |                     |
| KFMN-FM1  | 21844       | 0000206747  |                     |

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>John C Wada</b><br><i>General Partner</i><br><br>03/16/2023 |

Attachments

Information not provided.