



# (REFERENCE COPY - Not for submission)

## Notification of Consummation

File Number: **0000221835** | Submit Date: **10/03/2023** | Lead Call Sign: **WBAP** | FRN: **0034232603**  
Service: **Full Power FM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **10/04/2023** |  
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
Cumulus Licensing Holding Company LLC	780 Johnson Ferry Road Suite 500 Atlanta, GA 30342 United States	+1 (404) 949-0700	FCCLicenseManagement@cumulus.com	Limited Liability Company

### Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
DAVID D BURNS LEGAL COUNSEL LERMAN SENTER PLLC	2001 L STREET, NW SUITE 400 WASHINGTON, DC 20036 United States	+1 (202) 416-6752	DBURNS@LERMANSENTER.COM	Legal Representative

### Consummation Notification Details

#### Details

Date of Consummation	FRN of Licensee Post-consummation
2023-10-02	0034232603

#### 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
KTCK-FM	26468	0000220920	
WBAP	71200	0000220921	
KSCS	71201	0000220922	

### 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>Richard S Denning</b> <i>Exrcutive Vice President and General Counsel</i>  10/03/2023
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**Attachments**

Information not provided.