



(REFERENCE COPY - Not for submission)
Notification of Consummation

File Number: **0000144550** | Submit Date: **05/05/2021** | Lead Call Sign: **WMBE-LD** | FRN: **0027253087**

Service: **Low Power Digital TV** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **05/06/2021**

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
BETTER HEALTH MEDIA, INC. Doing Business As: BETTER HEALTH MEDIA, INC.	Janice Baxtter 146 OLD EAST KING ST. SUITE B BOONE, NC 28607 United States	+1 (828) 265-9010	baxtermarketing2015@gmail.com	Corporation

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
James L Oyster <i>Attorney</i> Law Offices of James L Oyster	James Oyster 108 Oyster Lane Castleton, VA 22716 United States	+1 (540) 937- 4800	Oysterlaw@hotmail.com	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2021-05-04	0027253087

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
WMBE-LD	187581	0000131175	
DKKME-LD	182812	0000131176	

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.

Janice B. Baxter

05/05/2021

Attachments

Information not provided.