



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000212330** | Submit Date: **03/10/2023** | Lead Call Sign: **KKAX-LD** | FRN: **0006649420**Service: **Low Power Digital TV** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **03/13/2023**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
TRI-STATE BROADCASTING, L.L.C. Doing Business As: TRI-STATE BROADCASTING, L.L.C.	812 E. BEALE STREET KINGMAN, AZ 86401 United States	+1 (928) 753-9100	saleskgmn@gmail.com	Limited Liability Company

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Seth Williams FLETCHER, HEALD & HILDRETH, PLC	1300 NORTH 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812-0400	WILLIAMS@FHHLAW.COM	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2023-02-07	0006649420

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
KKAX-LD	25422	0000205740	
K23BJ-D	25428	0000205741	

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.	Rhonda K. Hart <i>Manager</i> 03/10/2023
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Attachments

Information not provided.