

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0031 (September 2004)	FOR FCC USE ONLY
<b>Consummation Notice</b>		FOR COMMISSION USE ONLY FILE NO.
Read Instructions/FAQ before filling out form		

**Section I - General Information**

1.	Legal Name of the Applicant SIMMONS-SLC, LS, LLC										
	Mailing Address 515 SOUTH 700 EAST #2F										
	City SALT LAKE CITY	State or Country (if foreign address) UT	Zip Code 84102 -								
	Telephone Number (include area code) 8013253109		E-Mail Address (if available)								
	FCC Registration Number: 0004969374	Call Sign KOVO	Facility ID Number 65665								
2.	Contact Representative (if other than licensee/permittee) CHRISTINA BURROW	Firm or Company Name COOLEY LLP									
	Mailing Address 1299 PENNSYLVANIA AVENUE, NW SUITE 700										
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20004 -								
	Telephone Number (include area code) 2027762687		E-Mail Address (if available) CBURROW@COOLEY.COM								
3.	Purpose: <input checked="" type="radio"/> Consummation Notice <input type="radio"/> Extension of Consummation <input type="radio"/> Notification of Non-consummation										
4.	Consummation for: <input checked="" type="radio"/> Assignment of License and/or Permit <input type="radio"/> Transfer of Control										
5.	Lead Station File Number: BAL - 20140716AEJ	Lead Facility ID: 65665									
6.	<table border="1"> <thead> <tr> <th>File Number</th> <th>Facility ID</th> <th>Call Sign</th> <th>Will not Consummate</th> </tr> </thead> <tbody> <tr> <td>BAL-20140716AEJ</td> <td>65665</td> <td>KOVO</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			File Number	Facility ID	Call Sign	Will not Consummate	BAL-20140716AEJ	65665	KOVO	<input type="checkbox"/>
File Number	Facility ID	Call Sign	Will not Consummate								
BAL-20140716AEJ	65665	KOVO	<input type="checkbox"/>								
7.	Date of consummation: 10/24/2014										
8.	FRN of Assignee/Transferee: 0023757735										

I hereby certify that the referenced assignment of license/transfer of control was consummated within the required time

period, on the date indicated in #7 above.

Typed or Printed Name of Person Signing BRET J LEIFSON	Typed or Printed Title of Person Signing MANAGAER
Signature	Date 10/24/2014

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

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**Exhibits**

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