



(REFERENCE COPY - Not for submission)  
Notification of Consummation

File Number: **0000212567** | Submit Date: **03/16/2023** | Lead Call Sign: **KZRS** | FRN: **0015120462**  
 Service: **Full Power FM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **03/16/2023** |  
 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            |
|------------------------------|--|-------------------|---------------|---------------------------|
| White Communications, L.L.C. | P.O. Box 666<br>1984 N Main Street<br>Russell, KS 67665<br>United States | +1 (785) 483-3121 | mike@krsl.com | Limited Liability Company |

### Contact Representatives Information (1)

| Contact Name                                     | Address  | Phone             | Email                | Contact Type         |
|--|--|-------------------|----------------------|----------------------|
| David D Oxenford<br>Wilkinson Barker Knauer, LLP | 1800 M Street, NW<br>Suite 800N<br>Washington , DC<br>20036<br>United States | +1 (202) 783-4141 | doxenford@wbklaw.com | Legal Representative |

### Consummation Notification Details

#### Details

| Date of Consummation | FRN of Licensee Post-consummation |
|----------------------|-----------------------------------|
| 2023-03-15           | 0015120462                        |

#### 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 |
|-----------|-------------|-------------|---------------------|
| KZRS      | 37129       | 0000206549  |                     |

### 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>Barbara White</b><br><i>Member</i><br><br>03/16/2023 |

**Attachments**

Information not provided.