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

**Section I - General Information**

| 1.                | Legal Name of the Applicant<br>BEST BROADCASTING, INC.  |   |                          |             |           |                     |                 |   |      |                          |                  |      |      |                          |                   |        |        |                          |                   |        |        |                          |
|-------------------|---|---|--------------------------|-------------|-----------|---------------------|-----------------|---|------|--------------------------|------------------|------|------|--------------------------|-------------------|--------|--------|--------------------------|-------------------|--------|--------|--------------------------|
|                   | Mailing Address<br>PO BOX 219   |   |                          |             |           |                     |                 |   |      |                          |                  |      |      |                          |                   |        |        |                          |                   |        |        |                          |
|                   | City<br>MOBERLY   | State or Country (if foreign address)<br>MO                     |                          |             |           |                     |                 |   |      |                          |                  |      |      |                          |                   |        |        |                          |                   |        |        |                          |
|                   | Zip Code<br>65270 -   |   |                          |             |           |                     |                 |   |      |                          |                  |      |      |                          |                   |        |        |                          |                   |        |        |                          |
|                   | Telephone Number (include area code)<br>6602630307  | E-Mail Address (if available)<br>BEST@MCMSYS.COM                |                          |             |           |                     |                 |   |      |                          |                  |      |      |                          |                   |        |        |                          |                   |        |        |                          |
|                   | FCC Registration Number:<br>0003772506  | Call Sign<br>KFMZ   |                          |             |           |                     |                 |   |      |                          |                  |      |      |                          |                   |        |        |                          |                   |        |        |                          |
|                   | Facility ID Number<br>2   |   |                          |             |           |                     |                 |   |      |                          |                  |      |      |                          |                   |        |        |                          |                   |        |        |                          |
| 2.                | Contact Representative (if other than licensee/permittee)<br>JOHN F. GARZIGLIA  | Firm or Company Name<br>WOMBLE CARLYLE<br>SANDRIDGE & RICE, LLP |                          |             |           |                     |                 |   |      |                          |                  |      |      |                          |                   |        |        |                          |                   |        |        |                          |
|                   | Mailing Address<br>1200 19TH STREET, N.W. SUITE 500   |   |                          |             |           |                     |                 |   |      |                          |                  |      |      |                          |                   |        |        |                          |                   |        |        |                          |
|                   | City<br>WASHINGTON  | State or Country (if foreign address)<br>DC                     |                          |             |           |                     |                 |   |      |                          |                  |      |      |                          |                   |        |        |                          |                   |        |        |                          |
|                   | ZIP Code<br>20036 -   |   |                          |             |           |                     |                 |   |      |                          |                  |      |      |                          |                   |        |        |                          |                   |        |        |                          |
|                   | Telephone Number (include area code)<br>2028574455  | E-Mail Address (if available)<br>JGARZIGLIA@WCSR.COM            |                          |             |           |                     |                 |   |      |                          |                  |      |      |                          |                   |        |        |                          |                   |        |        |                          |
| 3.                | Purpose:<br><input checked="" type="radio"/> Consummation Notice<br><input type="radio"/> Extension of Consummation<br><input type="radio"/> Notification of Non-consummation   |   |                          |             |           |                     |                 |   |      |                          |                  |      |      |                          |                   |        |        |                          |                   |        |        |                          |
| 4.                | Consummation for:<br><input type="radio"/> Assignment of License and/or Permit<br><input checked="" type="radio"/> Transfer of Control  |   |                          |             |           |                     |                 |   |      |                          |                  |      |      |                          |                   |        |        |                          |                   |        |        |                          |
| 5.                | Lead Station File Number: BTC - 20150313ABW   | Lead Facility ID: 2   |                          |             |           |                     |                 |   |      |                          |                  |      |      |                          |                   |        |        |                          |                   |        |        |                          |
| 6.                | <table border="1" style="width: 100%;"> <thead> <tr> <th>File Number</th> <th>Facility ID</th> <th>Call Sign</th> <th>Will not Consummate</th> </tr> </thead> <tbody> <tr> <td>BTC-20150313ABW</td> <td>2</td> <td>KFMZ</td> <td><input type="checkbox"/></td> </tr> <tr> <td>BTCH-20150313ABX</td> <td>4930</td> <td>KZBK</td> <td><input type="checkbox"/></td> </tr> <tr> <td>BTCFT-20150313ABY</td> <td>147602</td> <td>K241BT</td> <td><input type="checkbox"/></td> </tr> <tr> <td>BTCFT-20150313ABZ</td> <td>144213</td> <td>K274CE</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |   | File Number              | Facility ID | Call Sign | Will not Consummate | BTC-20150313ABW | 2 | KFMZ | <input type="checkbox"/> | BTCH-20150313ABX | 4930 | KZBK | <input type="checkbox"/> | BTCFT-20150313ABY | 147602 | K241BT | <input type="checkbox"/> | BTCFT-20150313ABZ | 144213 | K274CE | <input type="checkbox"/> |
| File Number       | Facility ID   | Call Sign   | Will not Consummate      |             |           |                     |                 |   |      |                          |                  |      |      |                          |                   |        |        |                          |                   |        |        |                          |
| BTC-20150313ABW   | 2   | KFMZ  | <input type="checkbox"/> |             |           |                     |                 |   |      |                          |                  |      |      |                          |                   |        |        |                          |                   |        |        |                          |
| BTCH-20150313ABX  | 4930  | KZBK  | <input type="checkbox"/> |             |           |                     |                 |   |      |                          |                  |      |      |                          |                   |        |        |                          |                   |        |        |                          |
| BTCFT-20150313ABY | 147602  | K241BT  | <input type="checkbox"/> |             |           |                     |                 |   |      |                          |                  |      |      |                          |                   |        |        |                          |                   |        |        |                          |
| BTCFT-20150313ABZ | 144213  | K274CE  | <input type="checkbox"/> |             |           |                     |                 |   |      |                          |                  |      |      |                          |                   |        |        |                          |                   |        |        |                          |
| 7.                | Date of consummation: 5/6/2015  |   |                          |             |           |                     |                 |   |      |                          |                  |      |      |                          |                   |        |        |                          |                   |        |        |                          |

8. FRN of Assignee/Transferee: 0019404490

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.

|  |  |
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| Typed or Printed Name of Person Signing<br>JOHN F. GARZIGLIA | Typed or Printed Title of Person Signing<br>COUNSEL TO BEST BROADCASTING, INC. |
| Signature  | Date<br>5/8/2015   |

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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