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| Federal Communications Commission Washington, D.C. 20554 | Approved by OMB 3060-0031 (September 2004) | FOR FCC USE ONLY |
| <h3 style="margin: 0;">Consummation Notice</h3> <p style="margin: 0;">Read Instructions/FAQ before filling out form</p> | | FOR COMMISSION USE ONLY FILE NO. |

Section I - General Information

| 1. | Legal Name of the Applicant PENINSULA COMMUNICATIONS INC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-----------------------------|---------------------|-------------------|-------|--------|--------------------------|-------------------|-------|--------|--------------------------|-------------------|-------|--------|--------------------------|-------------------|-------|--------|--------------------------|-------------------|-------|--------|--------------------------|-------------------|-------|--------|-------------------------------------|-------------------|-------|--------|--------------------------|-------------------|-------|--------|--------------------------|
| | Mailing Address PO BOX 109 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City HOMER</td> <td style="width:33%;">State or Country (if foreign address) AK</td> <td style="width:34%;">Zip Code 99603 -</td> </tr> </table> | City HOMER | State or Country (if foreign address) AK | Zip Code 99603 - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:65%;">Telephone Number (include area code) 9072356000</td> <td style="width:35%;">E-Mail Address (if available) KWAVEFM@XYZ.NET</td> </tr> </table> | Telephone Number (include area code) 9072356000 | E-Mail Address (if available) KWAVEFM@XYZ.NET | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">FCC Registration Number: 0009671322</td> <td style="width:33%;">Call Sign K257DB</td> <td style="width:34%;">Facility ID Number 52161</td> </tr> </table> | FCC Registration Number: 0009671322 | Call Sign K257DB | Facility ID Number 52161 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FCC Registration Number: 0009671322 | Call Sign K257DB | Facility ID Number 52161 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Contact Representative (if other than licensee/permittee) JEFFREY D. SOUTHMAYD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Firm or Company Name SOUTHMAYD & MILLER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 4 OCEAN RIDGE BOULEVARD SOUTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City PALM COAST</td> <td style="width:33%;">State or Country (if foreign address) FL</td> <td style="width:34%;">ZIP Code 32137 -</td> </tr> </table> | City PALM COAST | State or Country (if foreign address) FL | ZIP Code 32137 - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Lead Station File Number: BALFT - 20161129AEZ</td> <td style="width:30%;">Lead Facility ID: 52162</td> </tr> </table> | Lead Station File Number: BALFT - 20161129AEZ | Lead Facility ID: 52162 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6. | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">File Number</th> <th style="width:15%;">Facility ID</th> <th style="width:20%;">Call Sign</th> <th style="width:25%;">Will not Consummate</th> </tr> </thead> <tbody> <tr> <td>BALFT-20161129AEZ</td> <td>52162</td> <td>K257DB</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>BALFT-20161129AFA</td> <td>52148</td> <td>K272CN</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>BALFT-20161129AFB</td> <td>52161</td> <td>K285EF</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>BALFT-20161129AFC</td> <td>52151</td> <td>K274AB</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>BALFT-20161129AFD</td> <td>52164</td> <td>K285AA</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>BALFT-20161129AFE</td> <td>52160</td> <td>K272DG</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>BALFT-20161129AFF</td> <td>52158</td> <td>K285EG</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>BALFT-20161129AFG</td> <td>52155</td> <td>K283AB</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> | File Number | Facility ID | Call Sign | Will not Consummate | BALFT-20161129AEZ | 52162 | K257DB | <input type="checkbox"/> | BALFT-20161129AFA | 52148 | K272CN | <input type="checkbox"/> | BALFT-20161129AFB | 52161 | K285EF | <input type="checkbox"/> | BALFT-20161129AFC | 52151 | K274AB | <input type="checkbox"/> | BALFT-20161129AFD | 52164 | K285AA | <input type="checkbox"/> | BALFT-20161129AFE | 52160 | K272DG | <input checked="" type="checkbox"/> | BALFT-20161129AFF | 52158 | K285EG | <input type="checkbox"/> | BALFT-20161129AFG | 52155 | K283AB | <input type="checkbox"/> |
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| BALFT-20161129AEZ | 52162 | K257DB | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BALFT-20161129AFA | 52148 | K272CN | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BALFT-20161129AFB | 52161 | K285EF | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| BALFT-20161129AFG | 52155 | K283AB | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 7. | Date of consummation: 10/18/2017 |
| 8. | FRN of the Licensee (post-consummation): 0004998563 |

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 DAVID F BECKER | Typed or Printed Title of Person Signing PRESIDENT, PENINSULA COMMUNICATIONS INC |
| Signature | Date 10/18/2017 |

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).

Exhibits