

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

Section I - General Information

1.	Legal Name of the Applicant FAMILY STATIONS, INC.										
	Mailing Address 112 NORTH ELM STREET										
	City SHENANDOAH	State or Country (if foreign address) IA	Zip Code 51601 -								
	Telephone Number (include area code) 7122465151	E-Mail Address (if available) JBURKHISER@FAMILYRADIO.ORG									
	FCC Registration Number: 0001545607	Call Sign W215CG	Facility ID Number 21082								
2.	Contact Representative (if other than licensee/permittee) MICHELLE A. MCCLURE, ESQ.	Firm or Company Name FLETCHER, HEALD & HILDRETH, P.L.C.									
	Mailing Address 1300 NORTH 17TH STREET 11TH FLOOR										
	City ARLINGTON	State or Country (if foreign address) VA	ZIP Code 22209 -								
	Telephone Number (include area code) 7038120484	E-Mail Address (if available) MCCLURE@FHHLAW.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: BALFT - 20150624ABH	Lead Facility ID: 21082									
6.	<table border="1"> <thead> <tr> <th>File Number</th> <th>Facility ID</th> <th>Call Sign</th> <th>Will not Consume</th> </tr> </thead> <tbody> <tr> <td>BALFT-20150624ABH</td> <td>21082</td> <td>W215CG</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			File Number	Facility ID	Call Sign	Will not Consume	BALFT-20150624ABH	21082	W215CG	<input type="checkbox"/>
File Number	Facility ID	Call Sign	Will not Consume								
BALFT-20150624ABH	21082	W215CG	<input type="checkbox"/>								
7.	Date of consummation: 09/02/2015										
8.	FRN of Assignee/Transferee: 0002642510										

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 THOMAS EVANS	Typed or Printed Title of Person Signing PRESIDENT
Signature	Date 09/02/2015

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).

Exhibits
