

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
Notification of Suspension of Operations / Request for Silent STA Read Instructions/FAQ before filling out form		FOR COMMISSION USE ONLY FILE NO. BLSTA - 20211201AAG

Section I - General Information

1.	Legal Name of the Applicant INVISIBLE ALLIES MINISTRIES		
	Mailing Address 2820 EAST COLLEGE AVENUE SUITE A		
	City STATE COLLEGE	State or Country (if foreign address) PA	Zip Code 16801 -
	Telephone Number (include area code) 8148673836		E-Mail Address (if available) INFO@REVMF.ORG
	FCC Registration No 0005917208	Call Sign WRYV	Facility ID Number 172732
2.	Contact Representative (if other than licensee/permittee) INVISIBLE ALLIES MINISTRIES		Firm or Company Name
	Mailing Address 1313 VALLEY VIEW ROAD		
	City BELLEFONTE	State or Country (if foreign address) PA	ZIP Code 16823 - 8914
	Telephone Number (include area code) 8148673836		E-Mail Address (if available) INFO@REVMF.NET
3.	Purpose: <input type="radio"/> Notification of Suspension of Operations <input checked="" type="radio"/> Notification of Suspension of Operations and Request for Silent STA <input type="radio"/> Request for Silent STA <input type="radio"/> Request to Extend STA <input type="radio"/> Resumption of Operations		
4.	Community of License: City: MILROY State: PA		
5.	Reason for going silent: <input checked="" type="radio"/> Technical <input type="radio"/> Financing <input type="radio"/> Staffing <input type="radio"/> Program Source <input type="radio"/> Other		
6.	Please provide a justification for the request	[Exhibit 1]	
7.	Date Station has gone / will go silent: 11/23/2021 (mm/dd/yyyy)		
8.	Anti-Drug Abuse Act Certification. Applicant certifies that neither applicant nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.		<input checked="" type="radio"/> Yes <input type="radio"/> No

I hereby certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations.

Typed or Printed Name of Person Signing MICHAEL SCHOMER	Typed or Printed Title of Person Signing PRESIDENT
Signature	Date (mm/dd/yyyy) 12/01/2021

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

Exhibit 1

Description: REASON FOR REQUEST

THE 5,500 FOOT POWER LINE FEEDING THE WRYV TOWER SITE SUSTAINED DAMAGE ALONG THE PATH THAT LEADS UP THE SIDE OF THE MOUNTAIN. WE ARE AWAITING REPAIR BY THE LOCAL POWER COMPANY. DUE TO THE REMOTE LOCATION AND RUGGED TERRAIN LEADING TO THE MOUNTAINTOP SITE, AND COMPLICATED BY THE ONSET OF WINTER CONDITIONS, IT HAS BECOME VERY DIFFICULT TO DELIVER FUEL TO THE SITE TO CONTINUE OPERATIONS VIA GENERATOR. IT IS OUR UNDERSTANDING THAT THE POWER LINE IS SCHEDULED TO BE REPAIRED BEFORE THE END OF THIS MONTH, DECEMBER 2021.

Attachment 1
