

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
Resumption of Operations Read Instructions/FAQ before filling out form		FOR COMMISSION USE ONLY FILE NO.

Section I - General Information

<p>1. Legal Name of the Applicant CUMBUS LICENSING LLC</p> <p>Mailing Address 780 JOHNSON FERRY ROAD, SUITE 500</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">City ATLANTA</td> <td style="width: 33%;">State or Country (if foreign address) GA</td> <td style="width: 33%;">Zip Code 30342 -</td> </tr> <tr> <td>Telephone Number (include area code) 4049490700</td> <td colspan="2">E-Mail Address (if available)</td> </tr> <tr> <td>Call Sign W297CG</td> <td colspan="2">Facility ID Number 200852</td> </tr> </table>			City ATLANTA	State or Country (if foreign address) GA	Zip Code 30342 -	Telephone Number (include area code) 4049490700	E-Mail Address (if available)		Call Sign W297CG	Facility ID Number 200852	
City ATLANTA	State or Country (if foreign address) GA	Zip Code 30342 -									
Telephone Number (include area code) 4049490700	E-Mail Address (if available)										
Call Sign W297CG	Facility ID Number 200852										
<p>2. Contact Representative (if other than licensee/permittee) MARK N. LIPP, ESQ.</p> <p>Firm or Company Name FLETCHER, HEALD & HILDRETH, P.L.C.</p> <p>Mailing Address 1300 NORTH 17TH STREET 11TH FLOOR</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">City ARLINGTON</td> <td style="width: 33%;">State or Country (if foreign address) VA</td> <td style="width: 33%;">ZIP Code 22209 -</td> </tr> <tr> <td>Telephone Number (include area code) 7038120445</td> <td colspan="2">E-Mail Address (if available) LIPP@FHHLAW.COM</td> </tr> </table>			City ARLINGTON	State or Country (if foreign address) VA	ZIP Code 22209 -	Telephone Number (include area code) 7038120445	E-Mail Address (if available) LIPP@FHHLAW.COM				
City ARLINGTON	State or Country (if foreign address) VA	ZIP Code 22209 -									
Telephone Number (include area code) 7038120445	E-Mail Address (if available) LIPP@FHHLAW.COM										
<p>3. Purpose:</p> <p><input type="radio"/> Notification of Suspension of Operations</p> <p><input type="radio"/> Notification of Suspension of Operations and Request for Silent STA</p> <p><input type="radio"/> Request for Silent STA</p> <p><input type="radio"/> Request to Extend STA</p> <p><input checked="" type="radio"/> Resumption of Operations</p>											
4	Community of License: City: FLINT State: MI										
5.	Date station went silent: 6/24/2021										
6.	Date station commenced operation: 10/18/2021 (mm/dd/yyyy)										
7.	Please explain under which parameters the facility commenced operations (i.e. license, technical sta, construction permit)	[Exhibit 3]									

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 RICHARD S. DENNING	Typed or Printed Title of Person Signing EXECUTIVE VICE PRESIDENT AND GENERAL COUNSEL
Signature	Date (mm/dd/yyyy) 1/25/2022

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 3

Description: PARAMETERS UNDER WHICH OPERATIONS RESUMED

STATION IS OPERATING WITH LICENSED FACILITIES.

Attachment 3