

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

1.	Legal Name of the Applicant JOSEPH FIORI		
	Mailing Address P.O. BOX 911		
	City VACAVILLE	State or Country (if foreign address) CA	Zip Code 95696 -
	Telephone Number (include area code) 7073249167		E-Mail Address (if available) JOELPTV@YAHOO.COM
	Call Sign K04RS-D	Facility ID Number 182086	
2.	Contact Representative (if other than licensee/permittee) JOSEPH FIORI		Firm or Company Name
	Mailing Address P.O. BOX 911		
	City VACAVILLE	State or Country (if foreign address) CA	ZIP Code 95696 -
	Telephone Number (include area code) 7073249167		E-Mail Address (if available) JOELPTV@YAHOO.COM
3.	Purpose: <input type="radio"/> Notification of Suspension of Operations		
	<input 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 checked="" type="radio"/> Resumption of Operations		
4	Community of License: City: SAN JUAN BAUTISTA State: CA		
5.	Date station went silent: 3/28/2014		
6.	Date station commenced operation: 3/8/2015 (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 KEITH LEITCH	Typed or Printed Title of Person Signing ENGINEER
Signature	Date (mm/dd/yyyy) 3/6/2015

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

Exhibit 3

Description: OPERATING PARAMETERS

THE OPERATING PARAMETERS ARE THOSE OF THE ENGINEERING STA FILE NUMBER: BSTA-20150223ABL

Attachment 3
