

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

Section I - General Information

1.	Legal Name of the Applicant LAZER LICENSES, LLC		
	Mailing Address 200 SOUTH A STREET SUITE 400		
	City OXNARD	State or Country (if foreign address) CA	Zip Code 93030 -
	Telephone Number (include area code) 8052402070		E-Mail Address (if available) ALFREDOP@RADIOLAZER.COM
	Call Sign KEAL	Facility ID Number 164120	
2.	Contact Representative (if other than licensee/permittee) HARRY C. MARTIN	Firm or Company Name FLETCHER, HEALD & HILDRETH, PLC	
	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) 7038120415		E-Mail Address (if available) MARTIN@FHHLAW.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: TAFT State: CA		

5.	Date station went silent: 3/29/2008		
6.	Date station commenced operation: 3/13/2009 (mm/dd/yyyy)		
7.	<table border="1"> <tr> <td>Please explain under which parameters the facility commenced operations (i.e. license, technical sta, construction permit)</td> <td>[Exhibit 3]</td> </tr> </table>	Please explain under which parameters the facility commenced operations (i.e. license, technical sta, construction permit)	[Exhibit 3]
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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 ALFREDO PLASCENCIA	Typed or Printed Title of Person Signing MANAGER
Signature	Date (mm/dd/yyyy) 3/18/2009

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: FACILITIES USED FOR RESUMPTION OF OPERATIONS

KEAL RESUMED OPERATIONS ON MARCH 13, 2009 UNDER PROGRAM TEST AUTHORITY WITH THE FACILITIES SPECIFIED IN BPH-20080403AAH. A FORM 302-FM IS BEING FILED CONTEMPORANEOUSLY.

Attachment 3