

Federal Communications Commission Washington, D C 20554	Approved by OMB 3060 0386 (July 2002)	FOR FCC USE ONLY
<div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> STA SILENT Read Instructions/FAQ before filling out form		FOR COMMISSION USE ONLY FILE NO.

Section I - General Information

1. Legal Name of the Applicant VIRTUES COMMUNICATIONS NETWORK (KJVV)		
Mailing Address PO BOX 170265		
City BROOKLYN	State or Country (if foreign address) NY	Zip Code 11217
Telephone Number (include area code) 631-935-3995		E-Mail Address (if available) virtuescommunications@yahoo.com
FCC Registration No 0020560488	Call Sign kjvv	Facility ID Number 189522
2. Contact Representative (if other than licensee/permittee) Don Martin		Firm or Company Name Esq.
Mailing Address PO BOX 8433		
City FALLS CHURCH	State or Country (if foreign address) VA	ZIP Code 22041
Telephone Number (include area code) 703-642-2344		E-Mail Address (if available) dempc@prodigy.net
3. Purpose: <input checked="" type="radio"/> Engineering STA SILENT <input type="checkbox"/> Extension of Existing Engineering STA File Number: <input type="radio"/> Legal STA <input type="radio"/> Extension of Existing Legal STA		
4. Service:		
5. Community of License: City: Twenty Nine Palms State: CA		
6. If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial Educational Licensee/Permittee <input type="radio"/> Other <input checked="" type="radio"/> N/A (Fee Required)		
7. Environmental Protection Act. The proposed facility is excluded from environmental processing under 47. C.F.R. Section 1.1306 (i.e., The facility will not have a significant environmental impact and complies with the maximum permissible radiofrequency electromagnetic exposure limits for controlled and uncontrolled environments). Unless the applicant can determine compliance through the use of the RF worksheets in Appendix A, an Exhibit is required. By checking "Yes" above, the applicant also certifies that it, in coordination with other users of the site, will reduce power or cease operation as necessary to protect persons having access to the site, tower or antenna from radiofrequency electromagnetic exposure in excess of FCC guidelines.		<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 33]

8.	Please explain in detail the "extraordinary circumstances" which warrant temporary operations at variance from the Commission's Rules. In addition, please specify 1) the specific rules and/or policies from which the applicant seeks temporary relief; 2) how the public interest will be furthered by grant; and 3) the expected duration of the STA and the licensee's plan for restoration of licensed operation. If requesting variance with other than authorized technical facilities, please specify the exact facilities sought.	<p>[Exhibit 34]</p> <p>Need to be off a year to make sure we can get resolved.</p> <p>Transmitter Problems.</p>
9.	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.	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

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 Maurice Vargas	Typed or Printed Title of Person Signing
Signature <i>maurice Vargas</i>	Date (mm/dd/yyyy) 3-17-2022

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 34 Description:

Having Transmitter Problems - need to diagnosis.