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

Section I - General Information

|    |  |   |   |
|----|--|---|---|
| 1. | Legal Name of the Applicant<br>HOPE CHRISTIAN CHURCH OF MARLTON, INC.  |   |   |
|    | Mailing Address<br>55 EAST MAIN STREET   |   |   |
|    | City<br>MARLTON  | State or Country (if foreign address)<br>NJ | Zip Code<br>08053 -                                     |
|    | Telephone Number (include area code)<br>8569831662   |   | E-Mail Address (if available)<br>BILL@LCCENG.COM        |
|    | Call Sign<br>WZWG  | Facility ID Number<br>173248                |   |
| 2. | Contact Representative (if other than licensee/permittee)<br>MATTHEW MCCORMICK, ESQUIRE                                    |   | Firm or Company Name<br>FLETCHER, HEALD & HILDRETH, PLC |
|    | Mailing Address<br>1300 NORTH 17TH STREET<br>11TH FLOOR  |   |   |
|    | City<br>ARLINGTON  | State or Country (if foreign address)<br>VA | ZIP Code<br>22209 -                                     |
|    | Telephone Number (include area code)<br>7038120400   |   | E-Mail Address (if available)<br>MCCORMICK@FHHLAW.COM   |
| 3. | Purpose:<br><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:<br>City: WEST GROVE    State: PA   |   |   |
| 5. | Date station went silent:    10/28/2021  |   |   |
| 6. | Date station commenced operation:    03/28/2022    (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<br>WILLIAM C. LUEBKEMANN, JR. | Typed or Printed Title of Person Signing<br>PRESIDENT |
| Signature   | Date (mm/dd/yyyy)<br>03/28/2022                       |

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:** RESUMPTION OF OPERATIONS

WZWG, FACILTY ID 173248, RESUMED OPERATIONS WITH ITS LICENSED FACILITIES.

**Attachment 3**