

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

**Section I - General Information**

1.	Legal Name of the Applicant CAPITAL MEDIA CORPORATION		
	Mailing Address 30 PARK AVENUE		
	City COHOES	State or Country (if foreign address) NY	Zip Code 12047 -
	Telephone Number (include area code) 5182371330		E-Mail Address (if available)
	FCC Registration No 0003793460	Call Sign W286DI	Facility ID Number 200332
2.	Contact Representative (if other than licensee/permittee) MARK N. LIPP, ESQ.		Firm or Company Name FLETCHER, HEALD & HILDRETH, P.L.C.
	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) 7038120445		E-Mail Address (if available) LIPP@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 checked="" type="radio"/> Request for Silent STA		
	<input type="radio"/> Request to Extend STA		
	<input type="radio"/> Resumption of Operations		
4.	Community of License: City: CAMBRIDGE State: NY		
5.	Reason for going silent:		
	<input checked="" type="radio"/> Technical <input type="radio"/> Financing <input type="radio"/> Staffing		
	<input type="radio"/> Program Source <input type="radio"/> Other		
6.	Please provide a justification for the request	[Exhibit 1]	
7.	Date Station has gone / will go silent: 1/7/2022		
8.	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.		<input checked="" type="radio"/> Yes <input type="radio"/> No

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 PAUL LOTTERS	Typed or Printed Title of Person Signing PRESIDENT
Signature	Date (mm/dd/yyyy) 2/4/2022

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).

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## Exhibits

### Exhibit 1

**Description:** JUSTIFICATION FOR REQUEST

STATION W286DI IS HAVING PROBLEMS WITH ITS TRANSMITTER. DUE TO THE RECENT ICE STORMS, SNOWFALL AND COLD WEATHER, IT HAS NOT BEEN POSSIBLE TO ENTER THE TRANSMITTER HOUSING TO DIAGNOSE THE PROBLEM. UNTIL THE WEATHER PERMITS ACCESS TO THE TRANSMITTER BUILDING AND THE PROBLEM IS RESOLVED, THIS TRANSLATOR WILL REMAIN SILENT.

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### Attachment 1

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