

(REFERENCE COPY - Not for submission) Resumption of Operations of a Full Power FM Station Application

File Number: Submit Date: 11/13/2006 Lead Call Sign: WLJH Facility ID: 77582

FRN: 0006082697

Service: Full Power FM | Purpose: Resume Operations | Status: Granted | Status Date: 11/15/2006 | Filing Status:

Inactive

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
SOUND OF LIFE, INC. Applicant Doing Business As: SOUND OF LIFE, INC.	P.O. BOX 777 199 TUYTENBRIDGE ROAD LAKE KATRINE, NY 12449 United States	+1 (845) 336- 6199	TOMM@SOUNDOFLIFE. ORG	ОТН

Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
RUSSELL C. POWELL TAYLOR & POWELL, LLC	KING STREET STATION I, SUITE 600 1800 DIAGONAL ROAD ALEXANDRIA, VA 22314 United States	+1 (703) 836- 9405	RCPOWELL. 2@COMCAST.NET	Legal Representative

Station Status

Section	Question	Response
Station Status	Date the station resumed full power/operations:	11/03/2006

Certification

Section	Question	Response
General Certification Statements	The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).	

The Applicant certifies that neither the Applicant nor any				
other party to the application is subject to a denial of				
Federal benefits pursuant to §5301 of the Anti-Drug Abuse				
Act of 1988, 21 U.S.C. § 862, because of a conviction for				
possession or distribution of a controlled substance. This				
certification does not apply to applications filed in services				
exempted under §1.2002(c) of the rules, 47 CFR . See §1.				
2002(b) of the rules, 47 CFR § 1.2002(b), for the definition				
of "party to the application" as used in this certification §				
1.2002(c). The Applicant certifies that all statements made				
in this application and in the exhibits, attachments, or				
documents incorporated by reference are material, are part				
of this application, and are true, complete, correct, and				
made in good faith.				

Authorized Party to Sign

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID

Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503).

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

RICHARD MAHON

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
1159468 450203. txt	Applicant	All Purpose	PERAMETERS UNDER WHICH BROADCASTS RECOMMENCED	Done with Virus Scan and/or Conversion