

 Submit Date:
 05/26/2015
 Lead Call Sign:
 W289AZ
 Facility ID:
 141522

Service: FM Translator Purpose: Resume Operations Status: Granted Status Date: 06/02/2015 Filing Status: Active

General Information	Section	Question				Respons	Response	
	Attachments       Are attachments (other than associated schedules) being filed with this application?				ng			
Applicant	Applicant Name, Type, and Contact Information							
Information	Applicant		Address		Phone		Email	Applicant Type
	HOPE CHRISTIAN CHURCH OF INC. Applicant Doing Business As: HOPE CHRI CHURCH OF MARLTON, INC.		55 EAST I STREET MARLTON 08053 United Sta	N, NJ	+1 (856 983-166		BILL@LCCENG. COM	ОТН
Contact Representatives (1)	Contact Name	Address		Phone		Emai	I	Contact Type
	HARRY C. MARTIN, ESQUIRE FLETCHER, HEALD & HILDRETH, PLC	1300 NORTH STREET 11TH FLOOR ARLINGTON, United States	R , VA 22209	+1 (703 0415	3) 812-	MAR <sup>-</sup> COM	ΓΙΝ@FHHLAW.	Legal Representative

Station Status	Section	Question	Response	
	Station Status	Date the station resumed full power/operations:	05/26/2015	

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.).		

	/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.	WILLIAM C. LUEBKEMANN, JR.
	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	
uthorized Party to Sign	documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith. FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE	
	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	

## Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1679046_1304601.</u> <u>txt</u>	Applicant	All Purpose	RESUMPTION NOTIFICATION	Done with Virus Scan and/or Conversion