

*Law Office of*  
**DENNIS J. KELLY**  
*30628 Detroit Road, Box 278*  
*Westlake, OH 44145*

MEMBER, DISTRICT OF COLUMBIA BAR ONLY;  
PRACTICE LIMITED TO FEDERAL COURTS AND AGENCIES

TELEPHONE: 888-322-5291  
202-293-2300

TELECOPIER: 571-399-8036  
E-MAIL: dkellyfcclaw1@comcast.net

April 8, 2022

**BY E-MAIL TO: audiofilings@fcc.gov**

Federal Communications Commission  
Audio Division, Media Bureau  
45 L Street, N. E.  
Washington, DC 20554

Attention: Ms. Denise Williams

**RE: Covenant Network  
FRN 0004-7603-77  
W230CL, Garyville, LA  
FCC Facility ID #142778  
Resumption of Operations Notice**

Ladies and Gentlemen:

On behalf of our client Covenant Network, licensee of FM Translator Station W230CL, Garyville, Louisiana, there is transmitted herewith a Notice of Resumption of Operations for station W230CL.

Should additional information be desired in connection with the above matter, kindly communicate with this office.

Very truly yours,

A handwritten signature in dark ink, appearing to read "D. Kelly", written in a cursive style.

Dennis J. Kelly

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

### Section I - General Information

1.	Legal Name of the Applicant COVENANT NETWORK		
	Mailing Address 4424 HAMPTON AVENUE		
	City ST. LOUIS	State or Country (if foreign address) MO	Zip Code 63109 - 2232
	Telephone Number (include area code) 3147527000		E-Mail Address (if available) TONY@COVENANTNET.NET
	Call Sign W230CL	Facility ID Number 142778	
2.	Contact Representative (if other than licensee/permittee) DENNIS J. KELLY		Firm or Company Name LAW OFFICE OF DENNIS J. KELLY
	Mailing Address POST OFFICE BOX 41177		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20018 - 0577
	Telephone Number (include area code) 2022932300		E-Mail Address (if available) DKELLYFCCLAW1@COMCAST.NET
3.	Purpose:		
	<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: City: KENNER State: LA		
5.	Date station went silent: 8/29/2021		
6.	Date station commenced operation: 02/02/2022 (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 JOHN ANTHONY HOLMAN	Typed or Printed Title of Person Signing PRESIDENT
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Signature

Date (mm/dd/yyyy)

04/08/2022

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 3****Description:** RESUMPTION OF OPERATIONS

STATION W230CL RESUMED OPERATIONS WITH ITS LICENSED FACILITIES AND FULL OPERATING POWER ON 2/2/2022.

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**Attachment 3**

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