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

## **Section I - General Information**

| 1.                                       | Legal Name of the Applicant SOLAR GARDEN LEARNING AND ENTERTAINMENT  |                                       |   |  |
|--|--|---------------------------------------|---|--|
|  | Mailing Address 1806 MANZANITA LANE                                  |                                       |   |  |
|  | City<br>DAVIS  | State or Country (if foreign address) | Zip Code<br>95618 -                                     |  |
|  | Telephone Number (include area code) 5304003366                      |                                       | E-Mail Address (if available)<br>SOLARGARDENFM@AOL.COM  |  |
|  | Call Sign<br>KSZS-LP   | Facility ID Number<br>197589          |   |  |
| 2.                                       | Contact Representative (if other than licensee/permittee) MARK CHANG |                                       | Firm or Company Name<br>PAPERWORK CONSULTANT            |  |
|  | Mailing Address<br>218 LIMPACH RD                                    |                                       |   |  |
|  | City<br>COHASSET   | State or Country (if foreign address) | ZIP Code<br>95973 -                                     |  |
|  | Telephone Number (include area code) 5304003366                      |                                       | E-Mail Address (if available)<br>MARK.W.CHANG@GMAIL.COM |  |
| 3.                                       | Purpose:  Notification of Suspension of Operations                   |                                       |   |  |
|  | Notification of Suspension of Operations and Request for Silent STA  |                                       |   |  |
|  | C Request for Silent STA   |                                       |   |  |
|  | C Request to Extend STA  |                                       |   |  |
|  | • Resumption of Operations   |                                       |   |  |
| 4  | Community of License:<br>City: DAVIS State: CA                       |                                       |   |  |
| 5.                                       | Date station went silent: 04/11/2021                                 |                                       |   |  |
| 6.                                       | Date station commenced operation: 04/09/2022 (mm/dd/yyyy)            |                                       |   |  |
| 7. Please explain under which parameters |  |                                       | [Exhibit 3]   |  |
| the facility                             |  |                                       |   |  |

| commenced operations (i.e. license, technical sta, |  |
|--|--|
| construction permit)                               |  |

I hereby certify that the statements in this application are true, complete, and correct to the best of my kowledge 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 JASON MCALISTER | Typed or Printed Title of Person Signing DIRECTOR |
|---|---|
|   | Date (mm/dd/yyyy)<br>04/09/2022                   |

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

FACILITY HAS RETURNED TO OPERATIONS.

## **Attachment 3**