

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

Section I - General Information

1.	Legal Name of the Applicant OHANA DE WATSONVILLE				
	Mailing Address 115 AZURE LANE				
	City WATSONVILLE	State or Country (if foreign address) CA	Zip Code 95076 - 9694		
	Telephone Number (include area code) 8317500096		E-Mail Address (if available) JEFF@KAPU.ORG		
	FCC Registration No 0006222004	Call Sign KAPU-LP	Facility ID Number 124331		
2.	Contact Representative (if other than licensee/permittee) JEFF KOST		Firm or Company Name OHANA DE WATSONVILLE		
	Mailing Address 115 AZURE LANE				
	City WATSONVILLE	State or Country (if foreign address) CA	ZIP Code 95076 - 9694		
	Telephone Number (include area code) 8317500096		E-Mail Address (if available) JEFF@KAPU.ORG		
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 Previous File Number: BLSTA - 20210513AAF				
	<input checked="" type="radio"/> Resumption of Operations				
4	Community of License: City: WATSONVILLE State: CA				
5.	Reason for going silent:			6. Please provide a justification for the request	[Exhibit 2]
	<input type="radio"/> Technical <input type="radio"/> Financing <input type="radio"/> Staffing <input type="radio"/> Program Source <input checked="" type="radio"/> Other				
7. Date Station has gone	KAPU-LP resumed operations at noon Pacific time on May 12, 2022				

silent: 05/13/2021 (mm/dd/yyyy)		
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 JEFFREY TODD KOST	Typed or Printed Title of Person Signing DIRECTOR
Signature	Date (mm/dd/yyyy) 05/13/2022

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).
