

Federal Communications Commission

FCC MB - CDBS Electronic Filing
Account number: 189546

Description: WJZI RESUMPTION OF OPERATIONS

Successfully filed at Oct 7 2016 11:49AM

Based on the information supplied, no fee is required.

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

Section I - General Information

1.	Legal Name of the Applicant LEWIS BROADCASTING, LLC		
	Mailing Address 133 WEST MAIN STREET		
	City PERU	State or Country (if foreign address) IN	Zip Code 46970 -
	Telephone Number (include area code) 2607247161		E-Mail Address (if available) JAYLEWIS@LEWISBROADCASTING.COM
	Call Sign WJZI	Facility ID Number 71465	
2.	Contact Representative (if other than licensee/permittee) MATTHEW H. MCCORMICK		Firm or Company Name FLETCHER, HEALD & HILDRETH, P.L.C.
	Mailing Address 1300 NORTH 17TH STREET 11TH FLOOR		
	City ARLINGTON	State or Country (if foreign address) VA	ZIP Code 22209 -
	Telephone Number (include area code) 7038120400		E-Mail Address (if available) MCCORMICK@FHHLLAW.COM
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: DECATUR State: IN		
5.	Date station went silent: 10/9/2015		
6.	Date station commenced operation: 10/7/2016 (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 JAY LEWIS	Typed or Printed Title of Person Signing MEMBER
Signature	Date (mm/dd/yyyy) 10/7/2016

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 OF OPERATIONSWJZI RESUMED OPERATION WITH THE FACILITIES SPECIFIED IN BSTA-20161005AAW.

Attachment 3
