

Federal Communications Commission

FCC MB - CDBS Electronic Filing

Account number: 887179

**Description: FCC RESUMPTION OF OPERATIONS WXCF(AM), CLIFTON
FORGE, VA**

Successfully filed at Jan 17 2013 2:59PM

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 WVJT, LLC			
	Mailing Address 2307 PRINCESS ANN STREET			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City GREENSBORO</td> <td style="width:33%; padding: 2px;">State or Country (if foreign address) NC</td> <td style="width:34%; padding: 2px;">Zip Code 27408 -</td> </tr> </table>	City GREENSBORO	State or Country (if foreign address) NC	Zip Code 27408 -
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">Call Sign WXCF</td> <td style="width:67%; padding: 2px;">Facility ID Number 28341</td> </tr> </table>	Call Sign WXCF	Facility ID Number 28341	
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2.	Contact Representative (if other than licensee/permittee) A. WRA Y FITCH III			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:65%; padding: 2px;">Firm or Company Name GAMMON & GRANGE, P.C.</td> </tr> </table>	Firm or Company Name GAMMON & GRANGE, P.C.		
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	Mailing Address 8280 GREENSBORO DRIVE, 7TH FLOOR			
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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: CLIFTON FORGE State: VA			
5.	Date station went silent: 1/18/2012			
6.	Date station commenced operation: 1/16/2013 (mm/dd/yyyy)			
7.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:65%; padding: 5px;"> Please explain under which parameters the facility commenced operations (i.e. license, technical sta, construction permit) </td> <td style="width:35%; padding: 5px; text-align: center;"> [Exhibit 3] </td> </tr> </table>	Please explain under which parameters the facility commenced operations (i.e. license, technical sta, construction permit)	[Exhibit 3]	
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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	Typed or Printed Title of Person Signing
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TODD P. ROBINSON	MEMBER
Signature	Date (mm/dd/yyyy) 1/17/2013

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: EXHIBIT 3

WXCF(AM) RESUMED OPERATIONS AS LICENSED.

Attachment 3
