

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

**Section I - General Information**

1.	Legal Name of the Applicant NEW LIFE EVANGELISTIC CENTER, INC.	
	Mailing Address 1411 LOCUST STREET	
	City ST. LOUIS	State or Country (if foreign address) MO
		Zip Code 63103 -
	Telephone Number (include area code) 3143622424	E-Mail Address (if available) KNLC@HERESHLPNET.ORG
	FCC Registration No	Facility ID Number 48527
	Call Sign KNJD-LP	
2.	Contact Representative (if other than licensee/permittee) DONALD MARTIN	Firm or Company Name DONALD E. MARTIN, P.C.
	Mailing Address P.O. BOX 8433	
	City FALLS CHURCH	State or Country (if foreign address) VA
		ZIP Code 22041 -
	Telephone Number (include area code) 7036422344	E-Mail Address (if available) DEMPC@PRODIGY.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 checked="" type="radio"/> Request for Silent STA	
	<input type="radio"/> Request to Extend STA	
	<input type="radio"/> Resumption of Operations	
4.	Community of License: City: BRANSON State: MO	
5.	Reason for going silent: <input type="radio"/> Technical <input type="radio"/> Financing <input type="radio"/> Staffing <input type="radio"/> Program Source <input checked="" type="radio"/> Other	
6.	Please provide a justification for the request	[Exhibit 1]
7.	Date Station has gone / will go silent: 6/25/2011 (mm/dd/yyyy)	
8.	Anti-Drug Abuse Act Certification. Applicant certifies that neither applicant	<input checked="" type="radio"/> Yes <input type="radio"/> No

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.

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 CHARLES W. HALE	Typed or Printed Title of Person Signing SECRETARY
Signature <i>Charles W. Hale</i>	Date (mm/dd/yyyy) 7/6/2011

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 1

**Description:** JUSTIFICATION FOR SILENCE

KNJD-LP IS AUTHORIZED TO OPERATE ON CHANNEL 59. THE NEW 700 MHZ BAND WIRELESS LICENSEE AFFECTED BY THIS LPTV STATION HAS DEMANDED THAT OPERATIONS ON CHANNEL 59 CEASE. THE STATION HAS A CONSTRUCTION PERMIT FOR DISPLACEMENT TO DIGITAL CHANNEL 42 THAT EXPIRED WITHOUT CONSTRUCTION BEING COMPLETED BECAUSE THE LICENSEE HAS EXPERIENCED SEVERE FINANCIAL STRESSES DURING THE RECENT ECONOMIC DOWNTURN. A REQUEST TO EXTEND THE PERMIT IS PENDING IN FILE NO. BEP-20101122AKF.

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### Attachment 1

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