

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
Notification of Suspension 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 AMERICAN CHRISTIAN TELEVISION SERVICES, INC.		
	Mailing Address 1844 BATY ROAD		
	City LIMA	State or Country (if foreign address) OH	Zip Code 45807 -
	Telephone Number (include area code) 4193394444		E-Mail Address (if available) KBOWERS@WTLW.COM
	Call Sign WTLW	Facility ID Number 1222	
2.	Contact Representative (if other than licensee/permittee) JOHN M. BURGETT		Firm or Company Name WILEY REIN LLP
	Mailing Address 1776 K STREET, NW		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20006 -
	Telephone Number (include area code) 2027194239		E-Mail Address (if available) JBURGETT@WILEYREIN.COM
3.	Purpose:		
	<input checked="" 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 type="radio"/> Resumption of Operations		
4.	Community of License: City: LIMA State: OH		
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 4]
7.			

Date Station will go silent: 12/1/2008 (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 KEVIN BOWERS	Typed or Printed Title of Person Signing PRESIDENT
Signature	Date (mm/dd/yyyy) 10/14/2008

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 4

Description: ANALOG TERMINATION NOTICE

PURSUANT TO PARAGRAPH 133 OF THE COMMISSION'S REPORT AND ORDER, MB DOCKET NO. 07-91, FCC 07-228 (REL. DEC. 31, 2007) (THE 'REPORT AND ORDER'), WTLW HEREBY NOTIFIES THE COMMISSION THAT IT INTENDS TO PERMANENTLY CEASE ANALOG BROADCASTS ON OR AFTER DECEMBER 1, 2008. AS REQUIRED IN PARAGRAPH 134 OF THE REPORT AND ORDER, ON NOVEMBER 1, 2008, WTLW WILL BEGIN BROADCASTING VIEWER NOTIFICATIONS OF ITS SCHEDULED TERMINATION OF ANALOG SERVICE.

Attachment 4

Federal Communications Commission

FCC MB – CDBS Electronic Filing

Account number: 925587

Description: WTLW ANALOG TERMINATION NOTICE

Successfully filed at Oct 14 2008 1:40PM

Based on the information supplied, no fee is required.

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