

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
<b>Notification of Termination of Analog Service by February 17, 2009</b>		FOR COMMISSION USE ONLY FILE NO.
Read Instructions/FAQ before filling out form		

**Section I - General Information**

1.	Legal Name of the Applicant WEST TENNESSEE PUBLIC TV COUNCIL, INC.	
	Mailing Address P.O. BOX 966	
	City MARTIN	State or Country (if foreign address) TN
	Zip Code 38237 -	
	Telephone Number (include area code) 7318817561	E-Mail Address (if available)
	Call Sign WLJT	Facility ID Number 71645
2.	Contact Representative (if other than licensee/permittee) DAVID HINMAN	Firm or Company Name WLJT
	Mailing Address P.O. BOX 966	
	City MARTIN	State or Country (if foreign address) TN
	Zip Code 38237 -	
	Telephone Number (include area code) 7318817561	E-Mail Address (if available) DHINMAN@UTM.EDU
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 type="radio"/> Resumption of Operations	
	<input checked="" type="radio"/> Notification of Termination of Analog Service by February 17, 2009	
4.	Community of License: City: LEXINGTON State: TN	
5.	Will you provide nightlight programming for a minimum of two weeks following analog termination?	<input type="radio"/> Yes <input checked="" type="radio"/> No
6.	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 DAVID HINMAN	Typed or Printed Title of Person Signing DAVID HINMAN
Signature	Date (mm/dd/yyyy) 2/6/2009

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

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