

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (March 2009)	FOR FCC USE ONLY FOR COMMISSION USE ONLY FILE NO. -
Analog Termination Information Update Read Notes and FAQ before filling out form		

This form can be used to update information that was provided with the 'Analog Service Termination Notification' form. It can be used to update termination time of day, consumer referral information, and help center information, but it may not be used to change binding termination options or certifications.

1.	Legal Name of the Applicant WARREN BERGER	
	Mailing Address 11955 FREEDOM DRIVE, SUITE 10000	
	City RESTON	State VA
	Zip Code 20190 - 5673	
	Telephone Number (include area code) 7034344000	E-Mail Address (if available) WARREN.BERGER@L-3COM.COM
	FCC Registration No	Call Sign WRC-TV
		Facility ID Number 47904
2.	Contact Representative (if other than licensee/permittee) W.K. BERGER	Firm or Company Name L-3 ON-SITE AT THE FCC
	Mailing Address 445 12TH STREET, NW ROOM 2-B104	
	City WASHINGTON	State DC
	ZIP Code 20554 -	
	Telephone Number (include area code) 2024182014	E-Mail Address (if available) WARREN.BERGER@FCC.GOV
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	
	DTV Transition <input type="radio"/> Notification of Termination of Analog Service by February 17, 2009 <input type="radio"/> Certification/Alternate Showing: Analog termination on February 17, 2009 <input type="radio"/> Analog Service Termination Notification <input type="radio"/> Revocation of Early Analog Termination Notification <input checked="" type="radio"/> Analog Termination Information Update	
4.	Community of License: City: WASHINGTON State: DC	
5.	The BINDING notification option that was selected with the 'Analog Service Termination Notification' filing cannot be changed (it is displayed on this form read-only for reference). If desired, the appropriate time of day can be updated.	
	<input type="radio"/> a. This is BINDING notification that the above-referenced station will terminate analog television broadcast signals (excluding statutory analog nightlight service, if applicable) on the June 12, 2009 transition deadline at the following <u>local</u> time of day: <input type="radio"/> Early Morning (12:00 AM - 6:00 AM) <input type="radio"/> Morning (6:01 AM - 12:00 PM Noon) <input type="radio"/> Afternoon (12:01 PM - 6:00 PM) <input type="radio"/> Evening (6:01 PM - 11:59 PM).	

b. This is BINDING notification that the above-referenced station, which is a **Noncommercial Educational** station, will terminate analog television broadcast signals (excluding informal analog nightlight service, if applicable) on the following local date **before April 16** because of significant financial hardship: (mm/dd/yyyy) at the following local time of day:

- Early Morning (12:00 AM - 6:00 AM)
- Morning (6:01 AM - 12:00 PM Noon)
- Afternoon (12:01 PM - 6:00 PM)
- Evening (6:01 PM - 11:59 PM).

(Note: The date selected may not be earlier than March 27 or later than April 15, 2009. Stations electing to transition on the June 12, 2009 transition deadline should select the first option, above. Stations electing to transition before the June 12, 2009 transition deadline, but after April 16, 2009, should select the third option, below. We remind stations that they must obtain Commission approval to operate a post-transition digital facility prior to June 13, 2009.)

c. This is BINDING notification that the above-referenced station, which is **NOT** a major network affiliate (i.e., an affiliate of ABC, CBS, FOX, or NBC), will terminate analog television broadcast signals (excluding informal analog nightlight service, if applicable) on the following date: (mm/dd/yyyy) **after April 15** at the following local time of day:

- Early Morning (12:00 AM - 6:00 AM)
- Morning (6:01 AM - 12:00 PM Noon)
- Afternoon (12:01 PM - 6:00 PM)
- Evening (6:01 PM - 11:59 PM).

(Note: The date selected may not be earlier than April 16 or later than June 11, 2009. Stations electing to transition on the June 12, 2009 transition deadline should select the first option, above. We remind stations that they must obtain Commission approval to operate a post-transition digital facility prior to June 13, 2009.)

d. This is BINDING notification that the above-referenced station, which **IS** a major network affiliate (i.e., an affiliate of ABC, CBS, FOX, or NBC), will terminate analog television broadcast signals (excluding enhanced analog nightlight service, if applicable) on the following local date: 5/1/2009 (mm/dd/yyyy) **after April 15** at the following local time of day:

- Early Morning (12:00 AM - 6:00 AM)
- Morning (6:01 AM - 12:00 PM Noon)
- Afternoon (12:01 PM - 6:00 PM)
- Evening (6:01 PM - 11:59 PM).

(Note: The date indicated may not be earlier than April 16 or later than June 11, 2009. Stations electing to transition on the June 12, 2009 transition deadline should select the first option, above. We remind stations that they must obtain Commission approval to operate a post-transition digital facility prior to June 13, 2009.)

6. **Information about the following three public interest related conditions for analog termination.**

Note: Certification choices and station information cannot be updated.

A) Continuing Analog Service cannot be updated

B) Consumer Referral Telephone Number(s)

- i. Licensee CERTIFIES that, beginning when required (as indicated above), and continuing until at least June 12, 2009, this station will **ITSELF** operate and publicize a Consumer Referral Telephone Number for local viewers.
- ii. Licensee CERTIFIES that, beginning when required (as indicated above), and continuing until at least June 12, 2009, this station will publicize and support the above-referenced Consumer Referral Telephone Number(s) for local viewers that will be operated by the following licensee(s) or other entity.

The phone number and operating hours of the Consumer Referral Telephone Number, and operating entity's name, are as follows:

(List phone number and operating hours of the Consumer Referral Telephone Number, and operating entity's name).

[Consumer Referral Info]

Consumer Referral Info	
Operating Entity's Name:	PHONE CENTER EAST
Telephone Number (include area code):	2021111111

Operating Hours:
MONDAYS ONLY

Operating Entity's Name:
PHONE CENTER WEST
Telephone Number (include area code):
2022222222
Operating Hours:
TUE-THU (REVISE OP HOURS)

Operating Entity's Name:
COMBINED CITY PHONE CENTER
Telephone Number (include area code):
2023333333
Operating Hours:
WEEKENDS ONLY

Operating Entity's Name:
FOURTH NAME
Telephone Number (include area code):
2024444444
Operating Hours:
M-F, 9:00 AM TO 10:00 PM, SAT AND SUN NOON TO 6:00 PM

C) Walk-In Help Center(s)

- i. Licensee CERTIFIES that, beginning when required (as indicated above), and continuing until at least June 12, 2009, this station will **ITSELF** operate and publicize the above-referenced Walk-In Help Center(s) for local viewers.
- ii. Licensee CERTIFIES that, beginning when required (as indicated above), and continuing until at least June 12, 2009, this station will publicize and support the Walk-in Help Center(s) for local viewers that will be operated by the following licensee(s) or other entity.

The location and operating hours of the Walk-In Help Center(s) are as follows:

(List street address and operating hours of the Walk-In Help Center(s).)

[Help Center Info]

Walk-in Help Center Info

Location Name: SUBURBAN WALK-IN CENTER		
Street Address 2 FREEDOM DRIVE (WAS COPY 2, NOW 1)		
City RESTON	State or Country (if foreign address) VA	Zip Code 20190 -
Operating Hours MON - FRI, 9-5		

[NOTE to question 7: All filers must provide a consumer contact number to which the Commission can refer questions about the station's television service.]

7. Consumer Referral Contact Number

The consumer contact phone number and working hours for the above-referenced station are as follows:

Telephone Number (include area code): 2024182014

Business Hours: 24/7 M-F, 9AM-9PM SAT/SUN

(List local phone number and business hours for station.)

(Instructions: The contact telephone number provided must be staffed by persons with specific knowledge of the station's service coverage. For example, they must be able to answer questions from viewers about reception and service loss.)

[NOTE : All filers must make the following certifications]

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.

Do not prefill with the information from the referenced form. As with all CDBS forms, Name, Title, and Date are required.

Typed or Printed Name of Person Signing WARREN	Typed or Printed Title of Person Signing TESTER
Signature	Date (mm/dd/yyyy) 3/25/2009

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).

Exhibits