

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
Notification of Suspension of Operations / Request for Silent STA		FOR COMMISSION USE ONLY FILE NO. - 20080530AHR
Read Instructions/FAQ before filling out form		

Section I - General Information

1.	Legal Name of the Applicant HORIZON CHRISTIAN FELLOWSHIP		
	Mailing Address 5331 MT. ALFIAN DRIVE		
	City SAN DIEGO	State or Country (if foreign address) CA	Zip Code 92111 -
	Telephone Number (include area code) 8582774991		E-Mail Address (if available) KWOODS@HORIZONSD.ORG
	FCC Registration No 0008524951	Call Sign K224DM	Facility ID Number 149169
2.	Contact Representative (if other than licensee/permittee) HARRY C. MARTIN, ESQ.		Firm or Company Name FLETCHER, HEALD & HILDRETH, PLC
	Mailing Address 1300N. 17TH STREET 11TH FLOOR		
	City ARLINGTON	State or Country (if foreign address) VA	ZIP Code 20018 -
	Telephone Number (include area code) 8883222220		E-Mail Address (if available) MARTIN@FHHLAW.COM
3.	Purpose: <input type="radio"/> Notification of Suspension of Operations		
	<input checked="" 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: ALBERT LEA State: MN		
5.	Reason for going silent: <input checked="" type="radio"/> Technical <input type="radio"/> Financing <input type="radio"/> Staffing <input type="radio"/> Program Source <input type="radio"/> Other		
6.	Please provide a justification for the request		[Exhibit 1]
7.	Date Station has gone / will go silent: 4/4/2008 (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
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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 MICHAEL MACINTOSH	Typed or Printed Title of Person Signing PRESIDENT
Signature	Date (mm/dd/yyyy) 5/30/2008

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 1

Description: EXPLANATION

THE TRANSLATOR WAS REMOVED FROM SERVICE AFTER AN INTERFERENCE COMPLAINT WAS RECEIVED FROM A CO-LOCATED CELLULAR FACILITY. THE TRANSLATOR WILL BE RETURNED TO SERVICE UPON ITS SALE TO MINNESOTA PUBLIC RADIO. IT IS ANTICIPATED THAT A FORM 345 PROPOSING SUCH AN ASSIGNMENT WILL BE FILED IN THE NEAR FUTURE. IN THE MEANTIME, THE LICENSEE IS COMMITTED TO FINDING A TECHNICAL SOLUTION TO THE INTERFERENCE PROBLEM.

Attachment 1
