

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 TRINITY INTERNATIONAL FOUNDATION, INC.		
Mailing Address 2065 HALF DAY ROAD		
City DEERFIELD	State or Country (if foreign address) IL	Zip Code 60015 -
Telephone Number (include area code) 8473177029		E-Mail Address (if available) MIKEP@TIU.EDU
Call Sign W270AD	Facility ID Number 68119	
2. Contact Representative (if other than licensee/permittee) MARGARET L. MILLER		Firm or Company Name DOW LOHNES PLLC
Mailing Address 1200 NEW HAMPSHIRE AVE., N.W. SUITE 800		
City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20036 -
Telephone Number (include area code) 2027762000		E-Mail Address (if available) MMILLER@DOWLOHNES.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: WEST PALM BEACH State: FL		
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 4]
7. Date Station will go silent: 01/31/2008 (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 PAUL J. MAURER	Typed or Printed Title of Person Signing PRESIDENT, TRINITY INTERNATIONAL FOUNDATION
Signature	Date (mm/dd/yyyy) 02/08/2008

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: SUSPENSION OF OPERATIONS

STATION W270AD TEMPORARILY CEASED OPERATIONS ON JANUARY 31, 2008 DUE TO EQUIPMENT PROBLEMS, SPECIFICALLY AN ELECTRICAL ISSUE AT THE TRANSLATOR FACILITY SITE. THE LICENSEE IS CURRENTLY WORKING TOWARDS THE NECESSARY REPAIRS, AND WILL NOTIFY THE COMMISSION OF THE RESUMPTION OF OPERATIONS, OR REQUEST SPECIAL TEMPORARY AUTHORITY, AS APPROPRIATE.

Attachment 4
