


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

Section I - General Information

1. Legal Name of the Applicant SORENSEN TELEVISION SYSTEMS, INC		
Mailing Address 111 CHALEN SANTO PAPA		
City HAGATNA	State or Country (if foreign address) GU	Zip Code 96910 -
Telephone Number (include area code) 6714775700		E-Mail Address (if available)
Call Sign KTGM	Facility ID Number 29232	
2. Contact Representative (if other than licensee/permittee) ALLAN G. MOSKOWITZ, ESQUIRE		Firm or Company Name KAYE SCHOLER, LLP
Mailing Address 901 15TH STREET, NW SUITE 1100		
City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20005 -
Telephone Number (include area code) 2026823501		E-Mail Address (if available) AMOSKOWITZ@KAYESCHOLER.COM
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: TAMUNING State: GU		
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 REX W SORENSEN	Typed or Printed Title of Person Signing PRESIDENT
Signature 	Date (mm/dd/yyyy) 2/9/2009

WILFUL 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).

Informal Menu