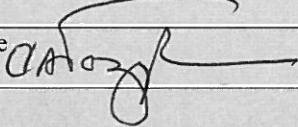


Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
Notification of Termination of Analog Service by February 17, 2009		FOR COMMISSION USE ONLY FILE NO.
Read Instructions/FAQ before filling out form		

Section I - General Information

1. Legal Name of the Applicant ILLINOIS VALLEY PUBLIC TELECOMMUNICATIONS CORPORATION		
Mailing Address 101 STATE STREET		
City PEORIA	State or Country (if foreign address) IL	Zip Code 61602 - 1547
Telephone Number (include area code) 3096774747		E-Mail Address (if available) CHET.TOMCZYK@WTVP.ORG
Call Sign WTVP	Facility ID Number 28311	
2. Contact Representative (if other than licensee/permittee) TODD D. GRAY		Firm or Company Name DOW LOHNES PLLC
Mailing Address 1200 NEW HAMPSHIRE AVE NW SUITE 800		
City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20036 - 6805
Telephone Number (include area code) 2027762000		E-Mail Address (if available) TGRAY@DOWLOHNES.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: PEORIA State: IL		
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	Typed or Printed Title of Person Signing PRESIDENT / CEO
Signature 	Date (mm/dd/yyyy) 02/05/2009

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

[Large empty area for Exhibits]