

Approved by OMB
3060-1066



Federal Communications Commission

**FORM 312-R APPLICATION
FOR RENEWAL OF RADIO LICENSE IN SPECIFIED SERVICES
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APPLICANT INFORMATION

Note: Use only standard punctuation. Please do not use special characters - such as ';' - in any of the fields below!

Enter a description of this application to identify it on the main menu:

Brainerd satellite renewal / E871628

1. Applicant

Name: Minnesota Public Radio Phone Number: 651-290-1500
 DBA Name: Fax Number: 651-290-1243
 Street: 480 Cedar Street E-Mail: fccfiling@mpr.org
 City: Saint Paul State: MN
 Country: USA Zipcode: 55101 -
 Attention: Mitzi T Gramling Esq

2. Contact

Name: Todd M Stansbury Phone Number: 202-719-4948
 Company: Wiley Rein LLP Fax Number: 202-719-7049
 Street: 1776 K Street NW E-Mail: tstansbury@wileyrein.com
 Suite 500
 City: Washington State: DC
 Country: USA Zipcode: 20006 -
 Attention: Relationship: Legal Counsel

RENEWAL INFORMATION

3. Rulepart under which this filing is made 25

4. Is a fee submitted with this application?

If Yes, complete and attach FCC Form 159.

If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).

Governmental Entity Noncommercial educational licensee

Other (please explain):

5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number SESRWL1997060300715	(b)Date Issued 7/11/1997
(c)Call Sign E871628	(d)Location Brainerd, Cass County, MN
(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station CGO
(g)Expiration Date 5/8/2007	Petition to reinstate: <input type="button" value="Attachment"/>

6. Note any changes such as discontinuance of use of a frequency, or of a type of emission or of a transmitter which have been made since the last application covering this station was filed:

Changed from Comtech 5.0 meter receive antenna to a 3.8 meter receive antenna

Items 7(a) and (b) apply to Part 21 licenses only.

7(a) Has there been removal of equipment or alteration of facilities as to render the Station not operational? If YES when:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
(b) If this is a Multipoint Distribution Service (MDS) station, is there a ownership interest in control by, affiliation with, or leasing arrangement with a cable television company?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A

8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer of control or changes in the applicant's relation to the station, or financial responsibility; that applicants most recent application or report embodying this information, as identified below, is to be considered as a part of this application, and the truth of the statements therein contained is hereby reaffirmed. Note here any further exceptions, not already covered in question 6 or 7.

File Number BOA-20061128AEA **Date** 11/28/2006

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact? If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311 If NO, Explain briefly why not:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
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10. Certification: The applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits pursuant to section 5301 of Anti-Drug Abuse Act of 1988, 21 U.S.C. 853a, or, in the case of a nonindividual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to denial of federal benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).

a. Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests a station license in accordance with this application. Applicant acknowledges that all attached exhibits are a material part hereof.

b. The undersigned, individually and for the applicant, hereby certifies that the statements made in this application are true, complete and correct to the best of the signer's knowledge and belief, and are made in good faith.

11. Designate Appropriate Classification:

- Individual
- Unincorporated Association
- Partnership
- Corporation

- Governmental Entity
 Other (please specify)

12. Please supply any need attachments.

Attachment 1: Attachment

Attachment 2: Attachment

Attachment 3: Attachment

CERTIFICATION

13. Typed Name of Person Signing

Thomas J Kigin

14. Title of Person Signing

Executive Vice President

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT

(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION

(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

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