

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
Read Instructions/FAQ before filling out form		FILE NO. BLSTA - 20171101ACA

Section I - General Information

1.	Legal Name of the Applicant MINNESOTA PUBLIC RADIO		
	Mailing Address 480 CEDAR STREET		
	City ST. PAUL	State or Country (if foreign address) MN	Zip Code 55101 -
	Telephone Number (include area code) 6512901500		E-Mail Address (if available) FCCFILING@MPR.ORG
	FCC Registration No 0002642510	Call Sign KBPR	Facility ID Number 42912
2.	Contact Representative (if other than licensee/permittee) MELODIE VIRTUE		Firm or Company Name GARVEY SCHUBERT BARER
	Mailing Address 1000 POTOMAC STREET NW, SUITE 200		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20007 -
	Telephone Number (include area code) 2022982527		E-Mail Address (if available) MVIRTUE@GSBLAW.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 checked="" type="radio"/> Request for Silent STA <input type="radio"/> Request to Extend STA <input type="radio"/> Resumption of Operations		
4.	Community of License: City: BRAINERD 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: 10/25/2017 (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 NICK KEREAKOS	Typed or Printed Title of Person Signing SENIOR VICE PRESIDENT
Signature	Date (mm/dd/yyyy) 11/1/2017

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 FOR STA

APPLICANT IS REQUESTING AN STA FOR FACILITY ID # 42912 TO EFFECT REPAIRS FOR THE FAILED TRANSMISSION LINE. EQUIPMENT HAS BEEN ORDERED AND REPAIRS WILL TAKE PLACE AS SOON AS POSSIBLE.

Attachment 1
