

Federal Communications Commission Washington, D.C. 20554 <p style="text-align: center;">FCC 350</p>	Approved by OMB 3060-0404 (April 2001) FOR FCC USE ONLY
<p>APPLICATION FOR AN FM TRANSLATOR OR FM BOOSTER STATION LICENSE</p> <p>Read INSTRUCTIONS Before Filling Out Form</p>	FOR COMMISSION USE ONLY FILE NO. BLFT - 20090619ACK

SECTION I - General Information

1.	Legal Name of the Applicant MINNESOTA PUBLIC RADIO Mailing Address 480 CEDAR STREET <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">City ST. PAUL</td> <td style="width:30%; border: none;">State or Country (if foreign address) MN</td> <td style="width:20%; border: none;">ZIP Code 55101 -</td> </tr> <tr> <td style="border: none;">Telephone Number (include area code) 6512901259</td> <td colspan="2" style="border: none;">E-Mail Address (if available) FCCFILING@MPR.ORG</td> </tr> <tr> <td style="border: none;">FCC Registration Number:</td> <td style="border: none;">Call Sign K230AR</td> <td style="border: none;">Facility Identifier 143176</td> </tr> </table>	City ST. PAUL	State or Country (if foreign address) MN	ZIP Code 55101 -	Telephone Number (include area code) 6512901259	E-Mail Address (if available) FCCFILING@MPR.ORG		FCC Registration Number:	Call Sign K230AR	Facility Identifier 143176
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FCC Registration Number:	Call Sign K230AR	Facility Identifier 143176								
2.	Contact Representative (if other than Applicant) TODD M STANSBURY Mailing Address 1776 K STREET NW SUITE 500 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">City WASHINGTON</td> <td style="width:30%; border: none;">State or Country (if foreign address) DC</td> <td style="width:20%; border: none;">ZIP Code 20006 -</td> </tr> <tr> <td style="border: none;">Telephone Number (include area code) 2027194948</td> <td colspan="2" style="border: none;">E-Mail Address (if available) TSTANSBURY@WILEYREIN.COM</td> </tr> </table>	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20006 -	Telephone Number (include area code) 2027194948	E-Mail Address (if available) TSTANSBURY@WILEYREIN.COM				
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Telephone Number (include area code) 2027194948	E-Mail Address (if available) TSTANSBURY@WILEYREIN.COM									
3.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input checked="" type="radio"/> Noncommercial Educational Licensee/Permittee <input type="radio"/> Other <input type="radio"/> N/A (Fee Required)									
4.	Facility Information: a. <input type="radio"/> FM Booster <input checked="" type="radio"/> FM Translator b. Community or City: ST. PETER State: MN communities being served:									
5.	<p>Purpose of Application</p> <input checked="" type="radio"/> Cover construction permit (list original construction permit file number -- starts with the prefix BPFT, or BPFTB): BPFT-20070907ABB <input type="radio"/> Modify an authorized license (list license file number -- starts with the prefix BLFT, BMLFT, BLFTB, or BMLFTB): - <input type="radio"/> Amend a pending application If an amendment, submit as an Exhibit a listing by Section and Question Number of the portions of the pending application that are being revised. [Exhibit 1]									

NOTE: In addition to the information called for in this section, an explanatory exhibit providing full particulars must be submitted for each question for which a "No" response is provided. See General Instruction I.

Section II - Legal

1.	Certification. Applicant certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Applicant further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application instructions and worksheets.	<input checked="" type="radio"/> Yes <input type="radio"/> No
2.	Conditions. Licensee/Permittee certifies that all terms, conditions, and obligations set forth in the underlying construction permit have been fully met.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 2]

3.	Changed Circumstances. Licensee/Permittee certifies that, apart from changes already reported, no cause or circumstance has arisen since the grant of the underlying construction permit which would cause any statement or representation contained in the construction permit application to be incorrect now.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 3]
4.	Programming. The applicant is the licensee of the primary station or the applicant certifies that written authority has been obtained from the licensee of the primary station whose programming is to be retransmitted.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 4]
5.	Station ready for operation. The applicant certifies that the station is now in satisfactory operating condition and ready for regular operation.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 5]
6.	Station identification. The applicant certifies that it will comply with applicable station identification rules. See 47 C.F.R. Sections 73.1201 and 74.1283.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 6]
7.	Character Issues. Applicant certifies that neither applicant nor any party to the application has or has had any interest in or connection with: a. any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or party to the application; or b. any pending broadcast application in which character issues have been raised.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 7]
8.	Adverse Findings. Applicant certifies that, with respect to the applicant and any party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 8]
9.	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 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. I hereby waive any claim to the use of any particular frequency as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and request an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

Typed or Printed Name of Person Signing THOMAS J KIGIN	Typed or Printed Title of Person Signing EXECUTIVE VICE PRESIDENT
Signature	Date 06/19/2009

SECTION III - PREPARER'S CERTIFICATION

I certify that I have prepared Section III (Engineering data) on behalf of the applicant, and that after such preparation, I have examined and found it to be accurate and true to the best of my knowledge and belief.

Name MICHAEL HENDRICKSON	Relationship to Applicant (e.g., Consulting Engineer) RADIO NETWORK SUPERVISOR	
Signature	Date 06/19/2009	
Mailing Address MINNESOTA PUBLIC RADIO 480 CEDAR ST.		
City ST. PAUL	State or Country (if foreign address) MN	Zip Code 55101 -

Telephone Number (include area code) 6512901328	E-Mail Address (if available) MHENDRICKSON@MPR.ORG
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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).

Section III - Engineering

TECHNICAL SPECIFICATIONS

Ensure that the specifications below are accurate. Contradicting data found elsewhere in this application will be disregarded. All items must be completed. The response "on file" is not acceptable.

TECH BOX

1.	Channel: 228	
2.	Effective Radiated Power:	0.06 kW(H) 0.06 kW(V)
3.	Transmitter Power Output:	0.178 kW
<p>NOTE: In addition to the information called for in this section, an explanatory exhibit providing full particulars must be submitted for each question for which a "No" response is provided.</p>		
<p>CERTIFICATION</p> <p>All applicants must complete this section.</p>		
4.	Constructed Facility. The facility was constructed as authorized in the the underlying construction permit.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 9]
5.	Special Operating Conditions. The facility was constructed in compliance with all special operating conditions, terms, and obligations described in the construction permit. An Exhibit may be required. Review the underlying construction permit.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 10] [Exhibit 11]
6.	Transmitter Power Output. The operating transmitter power output produces the authorized effective radiated power	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 12]
7.	Directional Antenna. The facility does not use a directional antenna or the antenna is mounted in accordance with the specific instructions provided by the antenna manufacturer and is oriented in the proper direction.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 13]

PREPARER'S CERTIFICATION ON SECTION 3 MUST BE COMPLETED AND SIGNED.

Exhibits