

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 FILE NO. BLSTA - 20140606AAZ
Read Instructions/FAQ before filling out form		

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) 6512901259		E-Mail Address (if available) FCCFILING@MPR.ORG
	FCC Registration No 0002642510	Call Sign K276EV	Facility ID Number 149176
2.	Contact Representative (if other than licensee/permittee) TODD M STANSBURY		Firm or Company Name WILEY REIN LLP
	Mailing Address 1776 K STREET NW		
	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
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: SLEEPY EYE 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: 6/6/2014 (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 THOMAS J KIGIN	Typed or Printed Title of Person Signing EXECUTIVE VICE PRESIDENT
Signature	Date (mm/dd/yyyy) 6/6/2014

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: EXHIBIT 1 EXPLANATION FOR SILENT STATION

THE LICENSEE WAS NOTIFIED BY THE TOWER SITE MANAGER THAT THE FAA WAS SEEING SPURIOUS EMISSIONS FROM OUR TRANSMITTER. THE UNIT WAS DISCONNECTED TO CEASE TRANSMITTER OPERATIONS. THE UNIT WILL BE REPLACED WITH A NEW TRANSMITTER AS SOON AS POSSIBLE. BEFORE RETURNING TO OPERATIONS, THE NEW UNIT WILL BE VERIFIED TO BE OPERATING WITHIN THE CORRECT MASK FOR THE LICENSED FREQUENCY.

Attachment 1
