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| <p>FCC 601 Main Form</p> | <p>FCC Application for Wireless Telecommunications Bureau Radio Service Authorization</p> | <p>Approved by OMB 3060 - 0798 See instructions for public burden estimate</p> <p>Submitted 05/27/2005 at 12:13PM</p> <p>File Number: 0002178150</p> |
|-------------------------------------|--|---|

| | |
|--|--|
| <p>1) Radio Service Code: AS</p> | <p>1a) Existing Radio Service Code:</p> |
| <p>2) Application Purpose: Modification</p> | |
| <p>3a) If this request is for a Developmental License, Demonstration License, or a Special Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter N (Not Applicable).</p> | <p>(<input type="checkbox"/>) N <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> N/A</p> |
| <p>3b) If this request is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.</p> | <p>(<input type="checkbox"/>) Yes <input type="checkbox"/> No</p> |
| <p>4) If this request is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.</p> | <p>File Number:</p> |
| <p>5) If this request is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Consolidate Call Signs, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license.</p> | <p>Call Sign: WJV36</p> |
| <p>6) If this request is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).</p> | |
| <p>7) Is this request "major" as defined in Section 1.929 of the Commission's Rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's Rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of Section 1.929)</p> | <p>(<input type="checkbox"/>) Yes <input type="checkbox"/> No</p> |
| <p>8a) Does this filing request a Waiver of the Commission's Rules? If 'Yes', attach an exhibit providing the rule numbers and expanding circumstances.</p> | <p>(<input type="checkbox"/>) Yes <input type="checkbox"/> No</p> |
| <p>8b) If a feeable waiver request is attached, multiply the number of stations (call signs) times the number of rule sections and enter the result.</p> | |
| <p>8c) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?</p> | <p>(<input type="checkbox"/>) Yes <input type="checkbox"/> No</p> |
| <p>9) Are attachments being filed with this application?</p> | <p>(<input type="checkbox"/>) Yes <input type="checkbox"/> No</p> |

Applicant Information

| | | | |
|---|-----------------------------|---|----------------|
| <p>10) FCC Registration Number (FRN): 0002642510</p> | | | |
| <p>11) Licensee is a(n): Corporation</p> | | | |
| <p>12) First Name (if individual):</p> | <p>MI:</p> | <p>Last Name:</p> | <p>Suffix:</p> |
| <p>13) Entity Name (if other than individual): MINNESOTA PUBLIC RADIO</p> | | | |
| <p>14) Name of Real Party in Interest of Applicant (if different from applicant):</p> | | | |
| <p>15) Taxpayer Identification Number of Real Party in Interest:</p> | | | |
| <p>16) Attention To:</p> | | | |
| <p>17) P.O. Box:</p> | <p>And/Or</p> | <p>18) Street Address: 45 7TH ST E</p> | |
| <p>19) City: SAINT PAUL</p> | <p>20) State: MN</p> | <p>21) Zip Code: 55101-2202</p> | |
| <p>22) Telephone Number: (651)290-1259</p> | | <p>23) FAX Number: (651)290-1243</p> | |
| <p>24) E-Mail Address: fccfiling@mpr.org</p> | | | |

Contact Information (If different than applicant)

| | | | |
|--|---------------|--|----------------|
| <p>25) First Name: Kate</p> | <p>MI:</p> | <p>Last Name: Michler</p> | <p>Suffix:</p> |
| <p>26) Entity Name: Doug Vernier Telecommunications Consultants</p> | | | |
| <p>27) P.O. Box:</p> | <p>And/Or</p> | <p>28) Street Address: 721 W. 1st Street, Suite A</p> | |

| | | |
|---|---------------|-------------------------------|
| 29) City: Cedar Falls | 30) State: IA | 31) Zip Code: 50677 |
| 32) Telephone Number: (319)266-8402 | | 33) FAX Number: (319)266-9212 |
| 34) E-Mail Address: kmichler@v-soft.com | | |

Regulatory Status

| | |
|--|--|
| 35) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply): | <input type="checkbox"/> Common Carrier <input type="checkbox"/> Non-Common Carrier <input checked="" type="checkbox"/> Private, internal communications <input type="checkbox"/> Broadcast Services <input type="checkbox"/> Band Manager |
|--|--|

Type of Radio Service

| | |
|--|---|
| 36) This filing is for authorization to provide the following type(s) of radio service (enter all that apply): | <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> Radiolocation <input type="checkbox"/> Satellite (sound) <input type="checkbox"/> Broadcast Services |
| 37) Interconnected Service? (N)Yes No | |

Fee Status

| | |
|--|------------|
| 38) Is the Applicant exempt from FCC application fees? | (Y)Yes No |
| 39) Is the Applicant exempt from FCC regulatory fees? | (Y)Yes No |

Alien Ownership Questions (If any answer is Yes, attach exhibit explaining circumstances.)

| | |
|---|-------------|
| 40) Is the applicant a foreign government or the representative of any foreign government? | (N) Yes No |
| 41) Is the applicant an alien or the representative of an alien? | (N) Yes No |
| 42) Is the applicant a corporation organized under the laws of any foreign government? | (N) Yes No |
| 43) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? | (N) Yes No |
| 44) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? | (N) Yes No |

Basic Qualification Questions (If any answer is Yes, attach exhibit explaining circumstances.)

| | |
|---|-------------|
| 45) Has the applicant or any party to this application or amendment had any FCC station authorization, license, or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, construction permit denied by the Commission? | (N) Yes No |
| 46) Has the applicant or any party to this application or amendment, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? | (N) Yes No |
| 47) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? | (N) Yes No |
| 48) Is the applicant or any party directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items? | (N) Yes No |

Aeronautical Advisory Station (Unicom) Certification

49) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

50) Race, Ethnicity, Gender of Applicant/Licensee (Optional)

| | | | | | |
|-------------------|-----------------------------------|-------------------------|----------------------------|--|--------|
| Race: | American Indian or Alaska Native: | Asian: | Black or African-American: | Native Hawaiian or Other Pacific Islander: | White: |
| Ethnicity: | Hispanic or Latino: | Not Hispanic or Latino: | | | |
| Gender: | Female: | Male: | | | |

General Certification Statements

1) The 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 an authorization in accordance with this application.

2) The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule.*
*If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.

3) The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

4) The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under Section 1.2002(c) of the rules, 47 CFR § 1.2002(c). See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b) for the definition of 'party to the application' as used in this certification.

5) The applicant certifies that it either (1) has current Form 602 on file with the Commission, (2) is filing an update Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's Rules.

6) The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. § 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. §§ 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.

Signature

51) Typed or Printed Name of Party Authorized to Sign

First Name: **Thomas** | MI: **J** | Last Name: **Kigin** | Suffix:

52) Title: **Executive Vice President**

Signature: **Thomas J Kigin** | 53) Date: **05/27/05**

Failure To Sign This Application May Result In Dismissal Of The Application And Forfeiture Of Any Fees Paid

Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS 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, § 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, § 503).

| | | |
|------------------------------------|---|---|
| FCC Form 601 Schedule I | FEDERAL COMMUNICATIONS COMMISSION Technical Data Schedule for the Fixed Microwave and Microwave Broadcast Auxiliary Services (Parts 101 and 74) | Approved by OMB 3060 - 0798 See 601 Main Form Instructions for public burden estimate |
|------------------------------------|---|---|

Administrative Information

| | | | |
|---|--|--------------------------|--------------------|
| 1) Is this application being filed as part of a pack?: | | (N) Yes/No | |
| 2) If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack identification number has already been assigned by the FCC): | | | |
| 2b) Pack Name: | | | |
| 3) Type of Operation (refer to instructions) Check One Only: (X) Permanent Fixed Point to Point () 18 GHz Low Power () Multiple Address System (MAS) () 31 GHz () Temporary Fixed/Mobile () 38 GHz () Digital Electronic Message Service (DEMS) | | 4) Station Class: FXO | 5) DEMS only:SMSA: |
| 6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, along with all minor Modification or Amendment requests filed since the last major action granted by the Commission produce a cumulative effect that would equal or exceed the criteria for a major filing? | | | N |
| 7) Has frequency coordination been completed for this application? | | | Y |

Frequency Coordinator Information (if not self-coordinated)

| | | | |
|---|----------------------------------|----------------------|-----------------------|
| Complete Items 8 through 10 if not self-coordinated | | | |
| 8) Frequency Coordination Number | 9) Name of Frequency Coordinator | 10) Telephone Number | 11) Coordination Date |
| 05040622 | Karuna Nuon - Comsearch, Inc. | (703)726-5810 | 04/06/05 |

Broadcast Auxiliary Only

| | | | |
|--|--|-------------------------------------|---|
| If there is an associated Parent Station, provide: | 12a) Facility Id of Parent Station: 42949 | 12b) Class of Parent Station: FM | 12c) City and State of Parent Station Principal Community: MINNEAPOLIS-ST. PAUL, |
| If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13. | | | 13) State of Primary Operation: |

Control Point (Technical Point of Contact)

| | | |
|----------------|--|----------------------|
| 14) Action A/M | 15) Location Street Address, City or Town, County, State | 16) Telephone Number |
| A | 45 E. 7th Street, St. Paul, Ramsey, MN | (651)290-1563 |

Location Data

| | | | |
|---|---------------------|--|--|
| 1) Action Requested: (M) Add Mod Del | | 2) Location Number: 1 | |
| 3) Location Description: T Transmit Location | | 4) Area of Operation Code: | 5) Location Name: KNOW Studio |
| 6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required): N/A | | | |
| 7) Latitude (DD-MM-SS.S): 44-56-54.7 | NAD83 (N) N or S | 8) Longitude (DDD-MM-SS.S): 93-5-39.4 | NAD83 (W) E or W |
| 9) Street Address or Other Location Description: 45 E 7TH ST | | | |
| 10) City: SAINT PAUL | 11) State: MN | 12) County: RAMSEY | |
| 13) Elevation of Location AMSL (meters) (a' in Antenna Structure Sample Figures): 237.7 | | 14) Overall Ht AGL Without Appurtenances (meters) (b' in Antenna Structure Sample Figures): 104.2 | 15) Overall Ht AGL With Appurtenances (meters) (c' in Antenna Structure Sample Figures): 105.8 |
| 16) Support Structure Type: BPOLE Building with POLE/ANTENNA on top | | | 16.b) Structure Other: |
| 17) Radius (km): | | | |
| 18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only | NAD83 () N or S | 19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only | NAD83 () E or W |
| 20) Do you propose to operate in an area that requires frequency coordination with Canada? | | | () Yes No |

| | |
|--|------------|
| 21) Description: (Only for Area of Operation Code 'O') | |
| 22) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311. | (N) Yes No |
| 23) If the proposed site is located in one of the quiet zones listed in Item 4 of the instructions, provide the date the proper authority was notified (mm/dd/yy): | |

Location Data

| | | | |
|--|--|---|--|
| 1) Action Requested: (M) Add Mod Del | | 2) Location Number: 2 | |
| 3) Location Description: R Receive Location | | 4) Area of Operation Code: | |
| 5) Location Name: KNOW Tower | | | |
| 6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required): | | | |
| 7) Latitude (DD-MM-SS.S): 45-3-44.0 | | 8) Longitude (DDD-MM-SS.S): 93-8-22.0 | |
| NAD83 (N) N or S | | NAD83 (W) E or W | |
| 9) Street Address or Other Location Description: | | | |
| 10) City: | | 11) State: | |
| 12) County: | | | |
| 13) Elevation of Location AMSL (meters) (a' in Antenna Structure Sample Figures): 303.9 | | 14) Overall Ht AGL Without Appurtenances (meters) (b' in Antenna Structure Sample Figures): | |
| | | 15) Overall Ht AGL With Appurtenances (meters) (c' in Antenna Structure Sample Figures): | |
| 16) Support Structure Type: | | 16.b) Structure Other: | |
| 17) Radius (km): | | | |
| 18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only | | 19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only | |
| NAD83 () N or S | | NAD83 () E or W | |
| 20) Do you propose to operate in an area that requires frequency coordination with Canada? | | () Yes No | |
| 21) Description: (Only for Area of Operation Code 'O') | | | |
| 22) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311. | | () Yes No | |
| 23) If the proposed site is located in one of the quiet zones listed in Item 4 of the instructions, provide the date the proper authority was notified (mm/dd/yy): | | | |

Path Data

Transmit Location

| | | | |
|--|--|---|--|
| 1) Transmit Location Name: KNOW Studio | | 2) Path Number: 1 | |
| 3) Action Requested: (M) Add New Path Modify Existing Path Delete Existing Path | | | |
| 4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): | | 4b) Path code (Enter only one per path): | |
| MAS or () Fixed Two-way Master-Remote/Nodal-User () Multiple Two-way Master-Remote/Nodal-User DEMS MAS Only () Fixed One-way Outbound Master () Multiple One-way Outbound Master () Fixed One-way Inbound Master () Mobile Master | | MAS () Remote to Master () Master to Remote DEMS () Nodal to User () User to Nodal | |

Transmit Antenna

| | | | |
|---|--|---|--|
| 5) Antenna Manufacturer: Mark | | 6) Antenna Model Number: P-9A48G | |
| 7) Height to Center of Antenna AGL (meters): 104.2 | | 8) Beamwidth (degrees): 17.5 | |
| | | 9) Antenna Gain (dBi): 19.2 | |
| 10) Diversity Antenna Height AGL (meters): | | 11) Diversity Beamwidth (degrees): | |
| | | 12) Diversity Antenna Gain (dBi): | |
| 13) Elevation (Tilt) Angle (degrees): -0.1 | | 14) Polarization: H - Horizontal | |
| | | 15) Azimuth to RX Location or Passive Repeater (degrees): | |

| | | |
|---|--|--|
| | | 344.3 |
| 16) Periscope Reflector Dimensions (meters): Height: Width: | | 17) Periscope Reflector Separation (meters): |
| 18) Does path include passive repeater? (N)Yes/No | | |
| 19) If the final receiver is located outside of the United States, enter the country in the space provided and attach exhibit explaining circumstances. | | |
| 20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 - 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances. | | (N)Yes No |
| 20a) Angular Separation between main beam and Geostationary Satellite Arc(degrees): Include Orbital Calculations in the waiver exhibit. | | |
| 20b) Does the applicant certify that there is no alternative to the proposed transmission path? Include explanation in waiver exhibit. | | ()Yes No |
| 20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? | | ()Yes No |

Final Receiver

| | | |
|---|---|--|
| 21) Receiver Location Name: KNOW Tower | | |
| 22) Receiver antenna manufacturer: Mark | | 23) Receiver antenna model number: P-9A96G |
| 24) Receiver Call Sign: WJV36 | | |
| 25) Height to Center of Rx Antenna AGL (meters): 22.8 | 26) Rx Antenna Beamwidth (degrees): 9.1 | 27) Rx Antenna Gain (dBi): 24.6 |
| 28) Diversity Rx Antenna Height AGL (meters): | 29) Diversity Rx Antenna Beamwidth (degrees): | 30) Diversity Rx Antenna Gain (dBi): |
| 31) Rx Periscope Reflector Dimensions (meters): Height: Width: | | 32) Rx Periscope Reflector Separation (meters): |

Frequency Data

Transmitter Location Information

| | |
|---|--------------------------|
| 1) Transmit Location Name: KNOW Studio Add Mod Del | 2) Path Number: 1 |
|---|--------------------------|

Frequency Information

| | | | | |
|--|--|--|---|------------------------------|
| 3) Action A/M/D M | 4) Lower or Center Frequency (MHz) 00951.50000 | 5) Upper Frequency (MHz) | 6) Tolerance (%) 0.00025 | 7) EIRP (dbm) 57.0 |
| 11) Transmitter Manufacturer Moseley | | 12) Transmitter Model PCL-6010 | 13) Automatic Transmitter Power Control N | |

| | | | |
|--------------------------------------|--|----------------------------|-----------------------------|
| Emission Action: (A/M/D) M | 8) Emission Designator 490KF8W | 9) Digital Modulation Rate | 10) Digital Modulation Type |
|--------------------------------------|--|----------------------------|-----------------------------|

Attachment List

| | | |
|-------------------|--|--|
| Attachment | | |
|-------------------|--|--|

| Type | Date | Description | Contents |
|-------|----------|--------------------|-------------------------------|
| Other | 05/24/05 | Prior Coordination | 0180212527807586189811321.pdf |



Supplemental Showing Pursuant To:
74.502 (d) Frequency Coordination
101.103 (d) Frequency Coordination Procedures

Reference:

Minnesota Public Radio
Job Number: 050406COMSKN02
KNOW STUDIO - KNOW TOWER, MN.
0.94 GHz ANALOG MICROWAVE SYSTEM
"AS BUILT COORDINATE AND AMSL CORRECTIONS AT THE STUDIO"

The results of the study indicate the proposed frequencies for the above referenced microwave system do not cause interference conflicts with any existing or applied-for facilities in the area. Coordination data for the above referenced microwave route was forwarded to the existing licensees and applicants whose facilities could be affected on April 6, 2005.

The following carriers or their designated coordination agents were notified, and there are no unresolved interference objections.

Licensees

AMERCOM CORPORATION
AMFM RADIO LICENSES, LLC
BL BROADCASTING, INC.
BLUE CHIP BROADCASTING LICENSES II, LTD
BOARD OF REGENTS UNIVERSITY OF WISCONSIN
BOLD RADIO INC
CAPSTAR TX LIMITED PARTNERSHIP
CAROL J DELAHUNT
CENTER FOR COMMUNICATIONS & DEVELOPMENT
CENTRAL WISCONSIN BROADCASTING INC
CHRISTIAN HERITAGE BROADCASTING
CLEAR CHANNEL BROADCASTING LICENSES INC
CUMULUS LICENSING LLC
CUMULUS MEDIA, INC.
DJ BROADCASTING CORPORATION
DOVE BROADCASTING, INC
EDUCATION COMMUNICATIONS BOARD OF WI
FAITH SOUND INC
FAMILY RADIO INCORPORATED
FIFE COMMUNICATIONS COMPANY LC
FRESH AIR, INC.
GABRIEL COMMUNICATIONS COMPANY
HOMETOWN BROADCASTING, INC.
INGSTAD BROTHERS BROADCASTING, LLC
IOWA CITY BROADCASTING COMPANY, INC.
INFINITY MEDIA CORPORATION
JOHN JAMES GODFREY
JR BROADCASTING LLC
KAGE INC
KMHL BROADCASTING COMPANY
KQRS INC
KSTP-AM, L.L.C.
KSTP-FM, L.L.C.
KVGO TV



Supplemental Showing Pursuant To:
74.502 (d) Frequency Coordination
101.103 (d) Frequency Coordination Procedures

Reference:

Minnesota Public Radio
Job Number: 050406COMSKN02

(Continued)

KXEL BROADCASTING, CO.
LAKELAND BROADCASTING CO
LAKES BROADCASTING CO
LEIGHTON ENTERPRISES INC
LITTLE FALLS RADIO CORPORATION
LAC COURTE OREILLES OJIBWA PBC
MAIN STREET BROADCASTING
MANKATO STATE UNIVERSITY
MAVERICK MEDIA OF EAU CLAIRE LICENSE LLC
MEGA MEDIA LTD
MID MINNESOTA BROADCASTING
MIDWEST COMMUNICATIONS INC
MILESTONE RADIO LLC
MINN - IOWA CHRISTIAN BROADCASTING INC
MINNESOTA CHRISTIAN BROADCASTERS INC
MINNESOTA VALLEY BROADCASTING CO.
MISSISSIPPI VALLEY BROADCASTERS INC
MINNESOTA PUBLIC RADIO (KRSD-FM)
NORMIN BROADCASTING COMPANY
NORTHWESTERN COLLEGE RADIO
PARADIS BROADCASTING OF ALEXANDRIA
PRAIRIE BROADCASTING COMPANY, INC
Q B BROADCASTING INC
QUARNSTROM MEDIA GROUP, LLC
QUEST BROADCASTING INC.
RED ROCK RADIO CORP
REGENT LICENSEE OF ST CLOUD INC
REPCOM, INC
SBE - MINNESOTA, ENTIRE STATE
SIOUX VALLEY BROADCASTING, INC
ST CLOUD STATE UNIVERSITY
STARCOM, INC
STATE OF WISCONSIN - EDUC COMM BOARD
STEWARDS OF SOUND INCORPORATED
STARBOARD BROADCASTING, INC
THE I-C-N COMPANY
THREE EAGLES OF LUVERNE, INC.
TKC, INC
TLC BROADCASTING CORP
TOWER BROADCASTING CORP
TRI COUNTY BROADCASTING INC
THE AUDIO HOUSE, INC.
THREE EAGLES OF MASON CITY INC
UNITED AUDIO CORP
UNIVERSITY OF MINNESOTA

19700 Janelia Farm Boulevard
Ashburn, VA 20147
703-726-5500
703-726-5600
www.comsearch.com



COMSEARCH

Supplemental Showing Pursuant To:
74.502 (d) Frequency Coordination
101.103 (d) Frequency Coordination Procedures

Reference:

Minnesota Public Radio
Job Number: 050406COMSKN02

(Continued)

UNIVERSITY OF NORTHERN IOWA
W LOIS LONNQUIST
WAITT RADIO INC.
WEAU LICENSEE CORP
WHITE EAGLE BROADCASTING, INC
WINONA STATE UNIVERSITY
WISCONSIN STATE OF ED COMM BOARD
WRPX, INC.
WWIS RADIO INC

RESPECTFULLY SUBMITTED,
COMSEARCH

A handwritten signature in cursive script, appearing to read "Karuna Nuon".

/S/ KARUNA NUON
ENGINEER