

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
Notification of Suspension of Operations		FOR COMMISSION USE ONLY FILE NO.
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
	Call Sign K264AR	Facility ID Number 141704
2.	Contact Representative (if other than licensee/permittee) TODD M STANSBURY	Firm or Company Name WILEY REIN LLP
	Mailing Address 1776 K STREET NW SUITE 500	
	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 checked="" type="radio"/> Notification of Suspension of Operations	
	<input type="radio"/> Notification of Suspension of Operations and Request for Silent STA	
	<input type="radio"/> Request for Silent STA	
	<input type="radio"/> Request to Extend STA	
	<input type="radio"/> Resumption of Operations	
4.	Community of License: City: ROSEAU 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 4]
7.	Date Station will go silent: 10/28/2009 (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) 11/02/2009

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 4

Description: EXH. 4 / K264AR OFF AIR

THIS TRANSLATOR STATION WAS MOVED FROM ITS ORIGINAL LOCATION IN ROSEAU, MN, TO SALOL, MN (CP NO. BPFT-20090227AAY, GRANTED 5/6/09). THE STATION WAS TURNED ON AND A LICENSE APPLICATION TO COVER THE CP WAS FILED ON 10/28/09. SOME TECHNICAL ISSUES REMAIN TO BE RESOLVED, HOWEVER. THEREFORE THE APPLICANT WENT OFF THE AIR ON 10/28/09 AND WILL FILE FOR A MINOR CHANGE IN THE NEAR FUTURE TO RESOLVE THOSE ISSUES.

Attachment 4
