

Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 11/11/2010 at 10:49:06
 File Number: 0004449954

FCC 601
Main Form

FCC Application for Wireless Telecommunications Bureau Radio Service Authorization

Approved by OMB
 3060 - 0798
 See instructions for
 public burden estimate

1) Radio Service Code: AS	1a) Existing Radio Service Code:
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General Information

2) (Select only one) (MD) NE - New RO - Renewal Only AU - Administrative Update NT - Required Notifications MD - Modification RM - Renewal/Modification WD - Withdrawal of Application EX - Requests for Extension of Time AM - Amendment CA - Cancellation of License DU - Duplicate License RL - Registered Location/Link	
3a) If this application is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).	(N) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this application 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.	() <u>Y</u> es <u>N</u> o
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign WPXW743
6) If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM DD ____/____
7) Is this application "major" as defined in §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 §1.929).	() <u>Y</u> es <u>N</u> o
8) Are attachments being filed with this application?	(Y) <u>Y</u> es <u>N</u> o

Fees, Waivers, and Exemptions

9) Is the applicant exempt from FCC application fees?	(Y) <u>Y</u> es <u>N</u> o
10) Is the applicant exempt from FCC regulatory fees?	(Y) <u>Y</u> es <u>N</u> o
11a) Does this application include a request for a Waiver of the Commission's rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(N) <u>Y</u> es <u>N</u> o
11b) If 11a is 'Y', enter the number of rule section(s) being waived.	Number of Rule Section(s): _____
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) <u>Y</u> es <u>N</u> o

Applicant Information

13) FCC Registration Number (FRN): 0002642510			
14) Applicant/Licensee legal entity type: (Select One) <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Trust <input type="checkbox"/> Government Entity <input type="checkbox"/> Consortium <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other (Description of Legal Entity) _____			
15) If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			() Yes No
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): MINNESOTA PUBLIC RADIO			
18) Attention To:			
19) P.O. Box:	And/Or	20) Street Address: 480 CEDAR ST	
21) City: SAINT PAUL	22) State: MN	23) Zip Code: 55101-2217	
24) Telephone Number: (651)290-1259		25) FAX: (651)290-1243	
26) E-Mail Address: FCCFILING@MPR.ORG			

27) Demographics (Optional):

Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Real Party in Interest

28) Name of Real Party in Interest of Applicant (If different from applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
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Contact Information (If different from the applicant)

30) First Name:	MI:	Last Name:	Suffix:
31) Company Name: Minnesota Public Radio			
32) Attention To: MITZI T GRAMLING			
33) P.O. Box:	And /Or	34) Street Address: 480 CEDAR STREET	
35) City: SAINT PAUL	36) State: MN	37) Zip Code: 55101	
38) Telephone Number: (651)290-1259		39) FAX: (651)290-1243	
40) E-Mail Address: FCCFILING@MPR.ORG			

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):

() **C**ommon Carrier () **N**on-Common Carrier () **P**rivate, internal communications () **B**roadcast Services () **B**and **M**anager

Type of Radio Service

42) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):

() **F**ixed () **M**obile () **R**adiolocation () **S**atellite (sound) () **B**roadcast Services

43) Interconnected Service? () **N** **Y**es **N**o

Alien Ownership Questions

44) Is the applicant a foreign government or the representative of any foreign government? () **N** **Y**es **N**o

45) Is the applicant an alien or the representative of an alien? () **N** **Y**es **N**o

46) Is the applicant a corporation organized under the laws of any foreign government? () **N** **Y**es **N**o

47) 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** **Y**es **N**o

48a) 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** **Y**es **N**o

48b) If the answer to the above question is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application? () **Y**es **N**o

If the answer to 48b is 'N', attach to this application a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.

Basic Qualification Questions

49) Has the applicant or any party to this application 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, or construction permit denied by the Commission? () **N** **Y**es **N**o

50) Has the applicant or any party to this application, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? () **N** **Y**es **N**o

51) 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** **Y**es **N**o

Aeronautical Advisory Station (Unicom) Certification

52) () 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.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? () **Y**es **N**o

53b) If the answer to question 53a is yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities? () **Y**es **N**o

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

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 or attribution rules.* *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 §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 §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §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 required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data 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.
7)	The applicant certifies that it has reviewed the appropriate Commission rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
8)	The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: Thomas	MI: J	Last Name: Kigin	Suffix:
57) Title: Executive Vice President			
Signature: Thomas J Kigin			58) Date: 11/12/2010
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, §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).			

**Technical Data Schedule for the
Fixed Microwave and Microwave Broadcast Auxiliary Services
(Parts 101 and 74)**

Administrative Information

1) Is this application being filed as part of a pack? (N)Yes/No		
2a) 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: <input checked="" type="checkbox"/> Permanent Fixed Point to Point <input type="checkbox"/> Multiple Address System (MAS) <input type="checkbox"/> Temporary Fixed/Mobile <input type="checkbox"/> 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 you applied for a new authorization or since the last major action was granted by the Commission, produce a cumulative effect that would equal or exceed the criteria for a major filing? (N)Yes/No		
7) Has frequency coordination been completed for this application? (Y)Yes/No		

Frequency Coordinator Information

Complete Items 8 through 11 if not self-coordinated

8) Frequency Coordination Number	9) Name of Frequency Coordinator	10) Telephone Number	11) Coordination Date
20100901-170915-3 6593	Terrestrial RF Licensing, Inc.	(888)373-4832	10/14/2010

Broadcast Auxiliary Only

If there is an associated Parent Station, provide:	12a) Facility Id of Parent Station: 42917	12b) Radio Service of Parent Station: FM	12c) City and State of Parent Station Principal Community: SUN VALLEY ID
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: ID

Control Point (Technical Point of Contact)

14) Action A/M	15) Location Street Address, City or Town, County/Borough/Parish, State	16) Telephone Number
	480 CEDAR STREET Saint Paul, MN	(651)290-1563

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input checked="" type="checkbox"/> M) Add <input type="checkbox"/> Mod <input type="checkbox"/> Del		2) Location Number: 1	
3) Location Description: T Transmit Location		4) Area of Operation Code:	
		5) Location Name: Sun Valley School	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 43-41-20.0		8) Longitude (DDD-MM-SS.S): 114-21-15.0	
9) Street Address, Name of Landing Area, or Other Location Description: Sun Valley Community School 181 Dollar Road			
10) City: Sun Valley		11) State: ID	
		12) County/Borough/Parish: BLAINE	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 1779.9		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 4.6	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 4.6	
16) Support Structure Type: POLE			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> <input checked="" type="checkbox"/> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> <input checked="" type="checkbox"/> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> <input checked="" type="checkbox"/> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> <input checked="" type="checkbox"/> No			

Location Data

1) Action Requested: (<input checked="" type="checkbox"/> M) Add <input type="checkbox"/> Mod <input type="checkbox"/> Del		2) Location Number: 2	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: Bald Mountain	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 43-39-40.5		8) Longitude (DDD-MM-SS.S): 114-24-13.9	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2788.8		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):	
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada?		(<input type="checkbox"/>) Yes <input checked="" type="checkbox"/> No	
21) Description: (only for Area of Operation Code 'O')			
22) Would 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.		(<input type="checkbox"/>) Yes <input checked="" type="checkbox"/> No	
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? (<input type="checkbox"/>) Yes <input checked="" type="checkbox"/> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico?		(<input type="checkbox"/>) Yes <input checked="" type="checkbox"/> No	

FCC Form 601**Schedule I
Supplement 2****Path Data****Transmit Location**

1) Transmit location name: Sun Valley School		2) Path number: 1
3) Action Requested: (<input checked="" type="checkbox"/>) A dd New Path <input type="checkbox"/> M odify Existing Path <input type="checkbox"/> D elete Existing Path		
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS () Fixed Two-way Master-Remote/Nodal-User () Multiple Two-way Master-Remote/Nodal-User MAS ONLY () Fixed One-way Outbound Master () Multiple One-way Outbound Master () Fixed One-way Inbound Master () Mobile Master		4b) Path code (Enter only one per path): MAS () Master to Remote () Remote to Master DEMS () Nodal to User () User to Nodal

Transmit Antenna

5) Antenna Manufacturer: MARK		6) Antenna Model Number: MG-9A44GN	
7) Height to Center of Antenna AGL (meters): 4.6	8) Beamwidth (degrees): 18.0	9) Antenna Gain (dBi): 13.5	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): 11.3	14) Polarization: V	15) Azimuth to RX Location or Passive Repeater (degrees): 232.5	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="checkbox"/>) Yes (<input type="checkbox"/>) No			
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? (<input checked="" type="checkbox"/>) Yes (<input type="checkbox"/>) No If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? () Yes (<input checked="" type="checkbox"/>) No Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? () Yes (<input checked="" type="checkbox"/>) No			

Final Receiver

21) Receiver Location Name: Bald Mountain		
22) Receiver antenna manufacturer: Marti		23) Receiver antenna model number: SC-48
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 10.0	26) RX Antenna Beamwidth (degrees): 16.0	27) RX Antenna Gain (dBi): 21.0
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):

Passive Repeaters (PR)

Transmit Location

1) Transmit Location Name:	2) Path Number:
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3) Action Requested: () <u>A</u> dd New Passive Repeater <u>M</u> odify Existing Passive Repeater <u>D</u> elete Existing Passive Repeater

Passive Repeater Information

4) Passive Repeater Id: ()		5) Passive Repeater Sequence Number: ()	
6) Passive Repeater Location Name:			
7) Passive Repeater Antenna Manufacturer:		8) Passive Repeater Antenna Model Number:	
9) Height to Center of Passive Repeater Antenna AGL (meters):	10) Back-to-Back RX Dish Gain (dBi):	11) Back-to-Back TX Dish Gain (dBi):	
12) Reflector Dimensions (meters): Height: Width:	13) Transmit Polarization:	14) Azimuth to RX Location or Next Passive Repeater:	

Supplement 4

Frequency Data

Transmitter Location Information

1) Transmit Location Name: Sun Valley School	2) Path Number: 1
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
M	Existing (if mod) 000949.25000000		0.00025	48.2	300KF8E		
	New						
	11) Transmitter Manufacturer		12) Transmitter Model	13) Automatic Transmitter Power Control			
	Moseley		PCL-6010	N			

Attachment(s):

Type	Description	Date Entered
F	IRS determination letter	11/11/2010

Internal Revenue Service**Date:** May 8, 2006

MINNESOTA PUBLIC RADIO
AMERICAN PUBLIC MEDIA
480 CEDAR ST
ST PAUL MN 55101

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Steve Brown 31-07422
Customer Service Specialist
Toll Free Telephone Number:
877-829-5500
Federal Identification Number:
41-0953924

Dear Sir or Madam:

This is in response to your request of May 8, 2006, regarding your organization's tax-exempt status.

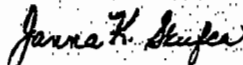
In February 1969 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services