

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
<b>Notification of Suspension of Operations / Request for Silent STA</b>		FOR COMMISSION USE ONLY FILE NO. BLSTA - 20190722AAM
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) 6512901500	E-Mail Address (if available) FCCFILING@MPR.ORG
	FCC Registration No 0002642510	Call Sign W224AO
	Facility ID Number 42928	
2.	Contact Representative (if other than licensee/permittee) MELODIE VIRTUE	Firm or Company Name GARVEY SCHUBERT BARER
	Mailing Address 1000 POTOMAC STREET NW, SUITE 200	
	City WASHINGTON	State or Country (if foreign address) DC
	ZIP Code 20007 -	
	Telephone Number (include area code) 2022982527	E-Mail Address (if available) MVIRTUE@GSBLAW.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: HOUGHTON State: MI	
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: 7/15/2019 (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 NICK KEREAKOS	Typed or Printed Title of Person Signing SENIOR VICE PRESIDENT
Signature	Date (mm/dd/yyyy) 7/22/2019

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).

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## Exhibits

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### Exhibit 1

**Description:** EXPLANTION FOR SILENT STA REQUEST

THE EQUIPMENT FOR TRANSLATOR W224AO, FACILITY ID #42928, WAS DAMAGED IN A RECENT STORM. REPAIRS WILL BE MADE A SOON AS POSSIBLE.

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### Attachment 1

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