

| | |
|--|---|
| Federal Communications Commission Washington, D.C. 20554 <p style="text-align: center;">FCC 345</p> | Approved by OMB 3060-0075 (September 2009) FOR FCC USE ONLY |
| <p>APPLICATION FOR TRANSFER OF CONTROL OF A CORPORATE LICENSEE OR PERMITTEE, OR FOR ASSIGNMENT OF LICENSE OR PERMIT OF TV OR FM TRANSLATOR STATION OR LOW POWER TELEVISION STATION</p> <p>Read INSTRUCTIONS Before Filling Out Form</p> | FOR COMMISSION USE ONLY FILE NO. BALFT - 20150624ABH |

Section I - General Information

| | | |
|----|--|--|
| 1. | Legal Name of the Licensee/Permittee FAMILY STATIONS, INC. | |
| | Mailing Address 112 NORTH ELM STREET | |
| | City SHENANDOAH | State or Country (if foreign address) IA |
| | Telephone Number (include area code) 7122465151 | ZIP Code 51601 - |
| | E-Mail Address (if available) JBURKHISER@FAMILYRADIO.ORG | |
| | FCC Registration Number: 0001545607 | Call Sign W215CG |
| | Facility Identifier 21082 | |
| 2. | Contact Representative (if other than Licensee/Permittee) MICHELLE A. MCCLURE, ESQ. | Firm or Company Name FLETCHER, HEALD & HILDRETH, P.L.C. |
| | Mailing Address 1300 NORTH 17TH STREET 11TH FLOOR | |
| | City ARLINGTON | State or Country (if foreign address) VA |
| | Telephone Number (include area code) 7038120484 | ZIP Code 22209 - |
| | E-Mail Address (if available) MCCLURE@FHHLAW.COM | |
| 3. | If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input checked="" type="radio"/> Noncommercial Educational Licensee/Permittee <input type="radio"/> Other <input type="radio"/> N/A (Fee Required) | |
| 4. | Were any of the authorizations that are the subject of this application obtained through the Commission's competitive bidding procedures (see 47 C.F.R. Sections 1.2111(a) and 73.5001)? | |
| | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| | [Exhibit 1] | |
| | If Yes, list pertinent authorizations in an Exhibit. | |

NOTE: In addition to the information called for in this section, an explanatory exhibit providing full particulars must be submitted for each question for which a "No" response is provided.

Section II - Assignor/Transferor

| | | |
|----|--|---|
| 1. | Certification. Licensee/permittee certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Licensee further certifies that where it has made an affirmative certification below, this certification constitutes | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|----|--|---|

its representation that the application satisfies each of the pertinent standards and criteria set forth in the application instructions and worksheets.

2. Application for (check only one box for A and B):

A. Consent to Assignment of Construction Permit Consent to Transfer Control of Permittee
 Consent to Assignment of License Consent to Transfer Control of Licensee
 Amendment to pending application
 If an amendment, **submit as an Exhibit** a listing by Section and [Exhibit 2]
 Question Number of the portions of the pending application that are being revised.

B. TV Translator Low Power TV Station FM Translator Digital Low Power TV Digital TV Translator

3. Legal Name of the Assignor/Transferor
 FAMILY STATIONS, INC.
 Mailing Address
 112 NORTH ELM STREET
 City SHENANDOAH State or Country (if foreign address) IA Zip Code 51601 -
 Telephone Number (include area code) 7122465151 E-Mail Address (if available) JBURKHISER@FAMILYRADIO.ORG

If more than one transferor, submit the information requested in question 1 for each transferor. [Exhibit 3]

4. Contact Representative (if other than assignee) MICHELLE A. MCCLURE, ESQ. Firm or Company Name FLETCHER, HEALD & HILDRETH, P.L.C.
 Mailing Address 1300 NORTH 17TH STREET 11TH FLOOR
 City ARLINGTON State or Country (if foreign address) VA Zip Code 22209 -
 Telephone Number (include area code) 7038120484 E-Mail Address (if available) MCCLURE@FHHLAW.COM

5. **Authorizations to be Assigned/Transferred.** List call signs, locations and facility identifiers of all authorizations to be assigned/transferred. Include construction permits and file numbers. List main station authorizations and any FM and/or TV translator stations, LPTV stations, SCA, FM and/or TV booster stations, and associated auxiliary service stations.
 [Enter Station Information]

List the authorized stations and construction permits to be assigned/transferred. Provide the Facility Identification Number and the Call Sign, or the Facility Identification Number and the File Number of the Construction Permit, and the location, for each station to be assigned/transferred. Include main stations, FM and/or TV translator stations, LPTV stations, FM and/or TV booster stations.

| Facility ID Number | Call Sign | or Construction Permit File Number | City | State |
|--------------------|-----------|------------------------------------|--------|-------|
| 21082 | W215CG | - | DULUTH | MN |

6. **Agreements for Sale/Transfer of Station.** Licensee/permittee certifies that:
 a. it has placed in its station records and submitted to the Commission as an Exhibit to this application copies of all agreements for the sale/transfer of the station(s);
 b. these documents embody the complete and final understanding between licensee/permittee and assignee/transferee; and these agreements comply fully with the Commission's rules and policies.

Yes No
 See Explanation in [Exhibit 4]

| | | |
|-----|--|--|
| c. | | |
| 7. | Character Issues. Licensee/permittee certifies that neither licensee/permittee nor any party to the application has or has had any interest in or connection with: a. any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or party to the a application; or b. any pending broadcast application in which character issues have been raised. | <input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 5] |
| 8. | Adverse Findings. Licensee/permittee certifies that, with respect to the licensee/permittee and any party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another government unit; or discrimination. | <input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 6] |
| 9. | Local Public Notice. Licensee/permittee certifies that it has or will comply with the public notice requirements of 47 C.F.R. Section 73.3580. | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 10. | Auction Authorization. Licensee/permittee certifies that more than five years have passed since the issuance of the construction permit for the station being assigned/transferred, where that permit was acquired in an auction through the use of a bidding credit or other special measure. | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A See Explanation in [Exhibit 7] |
| 11. | Anti-Drug Abuse Act Certification. Licensee/permittee certifies that neither licensee/permittee 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 |
| 12. | Anti-Discrimination Certification. Licensee/permittee certifies that neither licensee/permittee nor any party to the application have violated the Commission's prohibition against discrimination on the basis of race, color, religion, national origin or sex in the sale of commercially operated FM translator, TV translator, or low power television stations. | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A See Explanation in [Exhibit 8] |

I 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 EVANS | Typed or Printed Title of Person Signing PRESIDENT |
| Signature | Date 06/23/2015 |

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).

NOTE: In addition to the information called for in this section, an explanatory exhibit providing full particulars must be submitted for each question for which a "No" response is provided.

Section III - Assignee/Transferee

| | | |
|----|--|---|
| 1. | Certification. Assignee/transferee certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Assignee/transferee further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application instructions and worksheets. | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 2. | Legal Name of the Assignee/Transferee 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 |
| If more than one transferee, submit the information requested in question 1 for each transferor. [Exhibit 9] | | |
| 3. Contact Representative (if other than assignee) MELODIE A. VIRTUE, ESQ. | | Firm or Company Name GARVEY SCHUBERT BARER |
| Mailing Address 1000 POTOMAC STREET NW 5TH FLOOR, FLOUR MILL BUILDING | | |
| City WASHINGTON | State or Country (if foreign address) DC | Zip Code 20007 - 3501 |
| Telephone Number (include area code) 2029657880 | | E-Mail Address (if available) MVIRTUE@GSBLAW.COM |
| 4. Nature of Applicant. Assignee/transferee is: <input type="radio"/> an individual <input type="radio"/> a general partnership <input type="radio"/> a for-profit corporation <input type="radio"/> a limited partnership <input checked="" type="radio"/> a not-for-profit corporation <input type="radio"/> a limited liability company (LLC/LC) <input type="radio"/> other a. If "other", describe nature of applicant in an Exhibit. [Exhibit 10] | | |
| 5. Agreements for Sale/Transfer of Station. Assignee/Transferee certifies that: <input type="radio"/> Yes <input checked="" type="radio"/> No a. the written agreements in the licensee/permittee's station records embody the complete and final agreement for the sale of the station(s) which are to be assigned; and these See Explanation in [Exhibit 11] b. agreements comply fully with the Commission's rules and policies. | | |
| 6. Character Issues. Assignee/Transferee certifies that neither assignee/transferee nor any party to the application has or has had any interest in or connection with: <input checked="" type="radio"/> Yes <input type="radio"/> No a. any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or party to the a application; or See Explanation in [Exhibit 12] b. any pending broadcast application in which character issues have been raised. | | |
| 7. Adverse Findings. Assignee/Transferee certifies that, with respect to the assignee/transferee and any party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to any of the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another government unit; or discrimination. <input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 13] | | |
| 8. Alien Ownership and Control. Assignee/Transferee certifies that it complies with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments. <input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 14] | | |
| 9. Financial Qualifications. Assignee/Transferee certifies that sufficient net liquid assets are on hand or are available from committed sources to consummate the transaction and operate the station(s) for three months. <input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 15] | | |
| 10. | | |

| | | | |
|--|-----------|--|-------|
| Rebroadcast Certification. For applicants proposing translator rebroadcasts who are not the licensee of the primary station, the applicant certifies that written authority has been obtained from the licensee of the station whose programs are to be retransmitted | | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Primary station proposed to be rebroadcast: | | | |
| Facility ID Number | Call Sign | City | State |
| 42940 | WSCD-FM | DULUTH | MN |
| 11. a. Applicant certifies that it is not the licensee or permittee of the commercial primary station being rebroadcast and that neither it nor any parties to the application have any interest in or connection with the commercial primary station being rebroadcast. See 47 C.F.R. Section 74.1232(d). | | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A See Explanation in [Exhibit 16] | |
| b. Applicant certifies that the FM translator's (a) coverage contour does not extend beyond the protected contour of the commercial FM primary station to be rebroadcast, or (b) entire 60 dBu contour is contained within the lesser of: (i) the 2 mV/m daytime contour of the AM primary station to be rebroadcast, or (ii) a 25-mile radius centered at the AM primary station's transmitter site. | | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A See Explanation in [Exhibit 17] | |
| NOTE: If No to a. and b., and no waiver has been requested in an Exhibit, this application is unacceptable for filing. See 47 C.F.R. Section 74.1231(d). | | | |
| If No to a. and Yes to b. applicant is prohibited from receiving any support, before or after construction, either directly or indirectly from the commercial primary station being rebroadcast or from any person or entity having any interest whatsoever, or any connection with the primary FM station. Interested and connected parties include group owners, corporate parents, shareholders, officers, directors, employees, general and limited partners, family members and business associates. See 47 C.F.R. Section 74.1232(e). | | | |
| 12. Applicant certifies that it is in compliance with 47 C.F.R. Section 74.1232(e), which prohibits a FM translator station whose coverage contour extends beyond the protected contour of the commercial FM primary station being rebroadcast, from receiving support (except for specified technical assistance), before, during, or after construction, directly or indirectly, from the primary station, or any person or entity having any interest in, or connection with, the primary station. | | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A See Explanation in [Exhibit 18] | |
| 13. Auction Authorization. Assignee/Transferee certifies that where less than five years have passed since the issuance of the construction permit and the permit had been acquired in an auction through the use of a bidding credit or other special measure, it would qualify for such credit or other special measure. | | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A See Explanation in [Exhibit 19] | |
| 14. Anti-Drug Abuse Act Certification. Assignee/Transferee certifies that neither assignee 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. | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 15. Equal Employment Opportunity (EEO). If the applicant proposes to employ five or more full-time employees, applicant certifies that it is filing simultaneously with this application a Model EEO Program Report on FCC Form 396-A. | | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| I 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. I hereby waive any claim to the use of any particular frequency as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and request an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.) | | | |
| Typed or Printed Name of Person Signing SYLVIA STROBEL | | Typed or Printed Title of Person Signing SENIOR VICE PRESIDENT | |
| Signature | | Date 06/24/2015 | |

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: EXHIBIT 4

SECTION C OF SCHEDULE 1.1 AS REFERENCED IN THE ASSET PURCHASE AGREEMENT CONTAINS THE TRANSMITTER SITE LEASE WHICH IS PROPRIETARY AND NOT GERMANE TO THE COMMISSION'S EVALUATION OF THIS APPLICATION AND ACCORDINGLY HAS BEEN OMITTED, HOWEVER, SUCH INFORMATION WILL BE PROVIDED TO THE COMMISSION UPON REQUEST.

Attachment 4

| Description |
|---------------------|
| APA |

Exhibit 11

Description: EXHIBIT 11

SEE EXHIBIT 4.

Attachment 11
