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| Federal Communications Commission Washington, D.C. 20554 | Approved by OMB 3060-0386 (July 2002) | FOR FCC USE ONLY |
| Notification of Suspension of Operations / Request for Silent STA | | FOR COMMISSION USE ONLY FILE NO. BLSTA - 20091112AES |
| Read Instructions/FAQ before filling out form | | |

Section I - General Information

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| 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 |
| | FCC Registration No 0002642510 | Call Sign K237ET |
| | Facility ID Number 152814 | |
| 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 type="radio"/> Notification of Suspension of Operations | |
| | <input checked="" 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: NEW ULM 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 1] |
| 7. | Date Station has gone / 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.

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| 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) 11/11/2009 |

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 1

Description: EXPLANATION

THE LANDLORD OF THE TRANSMITTER SITE ASKED LICENSEE TO DISCONTINUE OPERATIONS AT THE AUTHORIZED SITE. LICENSEE HOLDS A CONSTRUCTION PERMIT (FCC FILE # BPFT - 20090608ACD) TO MOVE THE FACILITY TO A NEW SITE. LICENSEE INTENDS TO CONSTRUCT AT THE NEW SITE SHORTLY.

Attachment 1
