

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>  Read Instructions/FAQ before filling out form		FOR COMMISSION USE ONLY FILE NO. <b>BLSTA - 20081203ADZ</b>

**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	
	FCC Registration No 0002642510	Call Sign W215AI
	Facility ID Number 42942	
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: 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 1]
7.	Date Station has gone / will go silent: 11/4/2008 (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) 12/3/2008

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:** EXH. 1 / EXPLANATION

MPR ORIGINALLY TOOK THIS TRANSLATOR OFF THE AIR ON 11/4/2008 DUE TO EQUIPMENT PROBLEMS. WRITTEN NOTICE WAS FILED WITH THE COMMISSION ON 11/13/2008. A DECISION HAS BEEN MADE TO MOVE THE TRANSLATOR TO A DIFFERENT SITE. THUS, RATHER THAN REPAIR THE EQUIPMENT NOW, MPR INTENDS TO FILE A MINOR MODIFICATION APPLICATION SOON AND REPAIR ALL EQUIPMENT ONCE A CONSTRUCTION PERMIT IS ISSUED AND THE MOVE TO THE NEW LOCATION IS MADE.

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**Attachment 1**

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