

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
<b>Request to Extend STA</b>  Read Instructions/FAQ before filling out form		FOR COMMISSION USE ONLY FILE NO. <b>BLESTA - 20100429ACX</b>

**Section I - General Information**

1.	Legal Name of the Applicant <b>MINNESOTA PUBLIC RADIO</b>			
	Mailing Address 480 CEDAR STREET			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City ST. PAUL</td> <td style="width:33%; padding: 2px;">State or Country (if foreign address) MN</td> <td style="width:34%; padding: 2px;">Zip Code 55101 -</td> </tr> </table>	City ST. PAUL	State or Country (if foreign address) MN	Zip Code 55101 -
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">FCC Registration No 0002642510</td> <td style="width:33%; padding: 2px;">Call Sign K237ET</td> <td style="width:34%; padding: 2px;">Facility ID Number 152814</td> </tr> </table>	FCC Registration No 0002642510	Call Sign K237ET	Facility ID Number 152814
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2.	Contact Representative (if other than licensee/permittee) <b>TODD M STANSBURY</b>			
	Firm or Company Name <b>WILEY REIN LLP</b>			
	Mailing Address 1776 K STREET NW SUITE 500			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City WASHINGTON</td> <td style="width:33%; padding: 2px;">State or Country (if foreign address) DC</td> <td style="width:34%; padding: 2px;">ZIP Code 20006 -</td> </tr> </table>	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20006 -
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; padding: 2px;">Telephone Number (include area code) 2027194948</td> <td style="width:40%; padding: 2px;">E-Mail Address (if available) TSTANSBURY@WILEYREIN.COM</td> </tr> </table>	Telephone Number (include area code) 2027194948	E-Mail Address (if available) TSTANSBURY@WILEYREIN.COM	
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 type="radio"/> Notification of Suspension of Operations and Request for Silent STA <input type="radio"/> Request for Silent STA <input checked="" type="radio"/> Request to Extend STA      Previous File Number: BLSTA - 20091112AES <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.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; padding: 5px;">Please provide a justification for the request</td> <td style="width:30%; padding: 5px; text-align: center;">[Exhibit 2]</td> </tr> </table>	Please provide a justification for the request	[Exhibit 2]	
Please provide a justification for the request	[Exhibit 2]			
7.	Date Station has gone silent:    10/28/2009    (mm/dd/yyyy)			
8.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; padding: 5px;">                     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.                 </td> <td style="width:30%; padding: 5px; text-align: center;"> <input checked="" type="radio"/> Yes    <input type="radio"/> No                 </td> </tr> </table>	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	
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	Typed or Printed Title of Person Signing
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THOMAS J. KIGIN	EXEUCTIVE VICE PRESIDENT
Signature	Date (mm/dd/yyyy) 4/29/2010

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 2

**Description:** EXPLANATION FOR EXTENSION

LICENSEE HOLDS A CONSTRUCTION PERMIT (FCC FILE # BPFT - 20090608ACD) TO MOVE THE FACILITY TO A NEW SITE. CONSTRUCTION IS STILL ONGOING AT THE NEW SITE AND IS EXPECTED TO BE COMPLETED WITHIN THE NEXT 3 MONTHS.

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### Attachment 2

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