

FCC 601  
Main Form

FCC Application for Wireless  
Telecommunications Bureau  
Radio Service Authorization

Approved by OMB  
3060 - 0798  
See instructions for  
public burden estimate

Submitted 06/19/2003  
at 02:25PM

File Number:  
**0001243679**

1) Radio Service Code: <b>AS</b>	1a) Existing Radio Service Code:
2) Application Purpose: <b>Amendment</b>	
3a) If this request is for a Developmental License, Demonstration License, or a Special Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter <b>N</b> (Not Applicable).	( <input checked="" type="checkbox"/> ) <b>D M S N/A</b>
3b) If this request is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	( <input type="checkbox"/> ) <b>Yes No</b>
4) If this request is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number: <b>0001243679</b>
5) If this request is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Consolidate Call Signs, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license.	Call Sign:
6) If this request is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	
7) Is this request "major" as defined in Section 1.929 of the Commission's Rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's Rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of Section 1.929)	( <input type="checkbox"/> ) <b>Yes No</b>
8a) Does this filing request a Waiver of the Commission's Rules? If 'Yes', attach an exhibit providing the rule numbers and expanding circumstances.	( <input checked="" type="checkbox"/> ) <b>Yes No</b>
8b) If a feeable waiver request is attached, multiply the number of stations (call signs) times the number of rule sections and enter the result.	
8c) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	( <input type="checkbox"/> ) <b>Yes No</b>
9) Are attachments being filed with this application?	( <input type="checkbox"/> ) <b>Yes No</b>

### Applicant Information

10) FCC Registration Number (FRN): <b>0002642510</b>			
11) Licensee is a(n): <b>Corporation</b>			
12) First Name (if individual):	MI:	Last Name:	Suffix:
13) Entity Name (if other than individual): <b>MINNESOTA PUBLIC RADIO</b>			
14) Name of Real Party in Interest of Applicant (if different from applicant):			
15) Taxpayer Identification Number of Real Party in Interest:			
16) Attention To:			
17) P.O. Box:	And/Or	18) Street Address: <b>45 EAST 7TH STREET</b>	
19) City: <b>SAINT PAUL</b>	20) State: <b>MN</b>	21) Zip Code: <b>55101</b>	
22) Telephone Number: <b>(651)290-1259</b>		23) FAX Number: <b>(651)290-1243</b>	
24) E-Mail Address: <b>mgramling@mpr.org</b>			

### Contact Information (If different than applicant)

25) First Name: <b>Mitzl</b>	MI: <b>T</b>	Last Name: <b>Gramling</b>	Suffix: <b>Esq</b>
26) Entity Name: <b>Minnesota Public Radio</b>			
27) P.O. Box:	And/Or	28) Street Address: <b>45 East 7th Street</b>	
29) City: <b>St. Paul</b>	30) State: <b>MN</b>	31) Zip Code: <b>55105</b>	
32) Telephone Number: <b>(651)290-1259</b>		33) FAX Number: <b>(651)290-1243</b>	
34) E-Mail Address: <b>MGRAMLING@MPR.ORG</b>			

## Regulatory Status

35) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):	<input type="checkbox"/> Common Carrier <input type="checkbox"/> Non-Common Carrier <input checked="" type="checkbox"/> Private, internal communications <input type="checkbox"/> Broadcast Services <input type="checkbox"/> Band Manager
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## Type of Radio Service

36) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):	<input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> Radiolocation <input type="checkbox"/> Satellite (sound) <input type="checkbox"/> Broadcast Services
37) Interconnected Service? ( N)Yes No	

## Fee Status

38) Is the Applicant exempt from FCC application fees?	( Y)Yes No
39) Is the Applicant exempt from FCC regulatory fees?	( Y)Yes No

## Alien Ownership Questions (If any answer is Yes, attach exhibit explaining circumstances.)

40) Is the applicant a foreign government or the representative of any foreign government?	( N) Yes No
41) Is the applicant an alien or the representative of an alien?	( N) Yes No
42) Is the applicant a corporation organized under the laws of any foreign government?	( N) Yes No
43) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	( N) Yes No
44) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?	( N) Yes No

## Basic Qualification Questions (If any answer is Yes, attach exhibit explaining circumstances.)

45) Has the applicant or any party to this application or amendment had any FCC station authorization, license, or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, construction permit denied by the Commission?	( N) Yes No
46) Has the applicant or any party to this application or amendment, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court?	( N) Yes No
47) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition?	( N) Yes No
48) Is the applicant or any party directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items?	( N) Yes No

## Aeronautical Advisory Station (Unicom) Certification

49) ( ) I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.
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## 50) Race, Ethnicity, Gender of Applicant/Licensee (Optional)

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<b>Race:</b>	American Indian or Alaska Native:	Asian:	Black or African-American:	Native Hawaiian or Other Pacific Islander:	White:
<b>Ethnicity:</b>	Hispanic or Latino:	Not Hispanic or Latino:			
<b>Gender:</b>	Female:	Male:			

## General Certification Statements

1) The applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
2) The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule. *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3) The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4) The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under Section 1.2002(c) of the rules, 47 CFR § 1.2002(c). See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b) for the definition of 'party to the application' as used in this certification.
5) The applicant certifies that it either (1) has current Form 602 on file with the Commission, (2) is filing an update Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's Rules.
6) The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. § 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. §§ 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.

## Signature

51) Typed or Printed Name of Party Authorized to Sign			
First Name: Thomas	MI: J	Last Name: Kigin	Suffix:
52) Title: Executive Vice President			
Signature: Thomas J Kigin			53) Date: 06/19/03
Failure To Sign This Application May Result In Dismissal Of The Application And Forfeiture Of Any Fees Paid			
Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS 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, § 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, § 503).			

FCC Form 601 Schedule I	FEDERAL COMMUNICATIONS COMMISSION	Approved by OMB 3060 - 0798 See 601 Main Form Instructions for public burden estimate
	Technical Data Schedule for the Fixed Microwave and Microwave Broadcast Auxiliary Services	
(Parts 101 and 74)		

## Administrative Information

1) Is this application being filed as part of a pack?:	(N) Yes/No
2) If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack identification number has already been assigned by the FCC):	
2b) Pack Name:	
3) Type of Operation (refer to instructions) Check One Only:	4) Station Class:
(X) Permanent Fixed Point to Point      ( ) 18 GHz Low Power	FXO
( ) Multiple Address System (MAS)      ( ) 31 GHz	5) DEMS only:SMSA:
( ) Temporary Fixed/Mobile      ( ) 38 GHz	

(j) Digital Electronic Message Service (DEMS)	
6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, along with all minor Modification or Amendment requests filed since the last major action granted by the Commission produce a cumulative effect that would equal or exceed the criteria for a major filing?	N
7) Has frequency coordination been completed for this application?	N

### Frequency Coordinator Information (if not self-coordinated)

Complete Items 8 through 10 if not self-coordinated			
8) Frequency Coordination Number	9) Name of Frequency Coordinator	10) Telephone Number	11) Coordination Date

### Broadcast Auxiliary Only

If there is an associated Parent Station, provide:	12a) Facility Id of Parent Station: 42917	12b) Class of Parent Station: FM	12c) City and State of Parent Station Principal Community: SUN VALLEY, ID
If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13.			13) State of Primary Operation:

### Control Point (Technical Point of Contact)

14) Action A/M	15) Location Street Address, City or Town, County, State	16) Telephone Number
A	Minnesota Public Radio 45 East 7th Street, Saint Paul, Ramsey, MN	(651)290-1500

### Location Data

1) Action Requested: (A) Add Mod Del		2) Location Number: 1	
3) Location Description: T Transmit Location		5) Location Name: Sun Valley School	
4) Area of Operation Code:			
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required): N/A			
7) Latitude (DD-MM-SS.S): 43-41-20.0	NAD83 (N) N or S	8) Longitude (DDD-MM-SS.S): 114-21-15.0	NAD83 (W) E or W
9) Street Address or Other Location Description: Sun Valley Community School 181 Dollar Road			
10) City: Sun Valley	11) State: ID	12) County: BLAINE	
13) Elevation of Location AMSL (meters) (‘a’ in Antenna Structure Sample Figures): 1780.0		14) Overall Ht AGL Without Appurtenances (meters) (‘b’ in Antenna Structure Sample Figures): 3.0	
15) Overall Ht AGL With Appurtenances (meters) (‘c’ in Antenna Structure Sample Figures): 3.4			
16) Support Structure Type: PIPE Any type pipe			16.b) Structure Other:
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only	NAD83 ( ) N or S	19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only	NAD83 ( ) E or W
20) Do you propose to operate in an area that requires frequency coordination with Canada?			( ) Yes No
21) Description: (Only for Area of Operation Code ‘O’)			
22) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If ‘Yes’, submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			(N) Yes No
23) If the proposed site is located in one of the quiet zones listed in Item 4 of the instructions, provide the date the proper authority was notified (mm/dd/yy):			

### Location Data

1) Action Requested: (A) Add Mod Del		2) Location Number: 2	
3) Location Description:		5) Location Name:	
4) Area of Operation Code:			



25) Height to Center of Rx Antenna AGL (meters): 2.4	26) Rx Antenna Beamwidth (degrees): 45.0	27) Rx Antenna Gain (dBi): 10.0
28) Diversity Rx Antenna Height AGL (meters):	29) Diversity Rx Antenna Beamwidth (degrees):	30) Diversity Rx Antenna Gain (dBi):
31) Rx Periscope Reflector Dimensions (meters): Height: Width:		32) Rx Periscope Reflector Separation (meters):

### Frequency Data

#### Transmitter Location Information

1) Transmit Location Name: Sun Valley School Add Mod Del	2) Path Number: 1
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#### Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHz)	5) Upper Frequency (MHz)	6) Tolerance (%)	7) EIRP (dbm)
A	00946.00000		0.00500	33.4
	11) Transmitter Manufacturer		12) Transmitter Model	13) Automatic Transmitter Power Control
	Moseley		PCL6010	N

Emission Action: (A/M/D)	8) Emission Designator	9) Digital Modulation Rate	10) Digital Modulation Type
A	300KF8E		

#### Attachment List

Attachment Type	Date	Description	Contents
Other	03/21/03	Exhibit A / p1	0178306021212913079140771.pdf
Other	03/21/03	Exhibit A / p2	0178306031212913079140771.pdf

Exhibit A

Minnesota Public Radio, FRN 0002-6425-10

FCC Form 601

Re: Application for STL in Sun Valley, ID

Minnesota Public Radio (MPR), FRN 0002-6425-10, hereby affirms that it is a non-profit, tax-exempt entity under Section 501(c)(3) of the Internal Revenue Code, and is therefore not subject to payment of filing fees. The second attachment to this application is a copy of a determination letter from the IRS dated May 23, 2002, that confirms this status. MPR has been tax-exempt since 1969.

**Internal Revenue Service**

**Department of the Treasury**

**Date:** May 23, 2002

Minnesota Public Radio  
45 E. Seventh St.  
St. Paul, MN 55101-2202

**P. O. Box 2508  
Cincinnati, OH 45201**

**Person to Contact:**  
Ms. Regina Parker 31-07403  
Customer Service Specialist

**Toll Free Telephone Number:**  
8:00 a.m. to 6:30 p.m. EST  
877-829-5500

**Fax Number:**  
513-263-3756

**Federal Identification Number:**  
41-0953924

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on June 24, 1991. We have updated our records to reflect the name change as indicated above. We have also changed your address as shown above. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in February 1969 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.



Minnesota Public Radio  
41-0953924

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

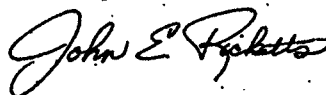
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE  
Customer Account Services