

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>		FOR COMMISSION USE ONLY FILE NO. BLSTA - 20210720AAE
Read Instructions/FAQ before filling out form		

**Section I - General Information**

1.	Legal Name of the Applicant LAWRENCE AMUNDSEN		
	Mailing Address 466 G ST.		
	City HAWTHORNE	State or Country (if foreign address) NV	Zip Code 89415 -
	Telephone Number (include area code) 7759459090		E-Mail Address (if available) BIGELY@AOL.COM
	FCC Registration No 0021884325	Call Sign K208BS	Facility ID Number 71806
2.	Contact Representative (if other than licensee/permittee) KEVIN M. FITZGERALD	Firm or Company Name NYX COMMUNICATIONS, INC.	
	Mailing Address P.O. BOX 20155		
	City SCRANTON	State or Country (if foreign address) PA	ZIP Code 18502 -
	Telephone Number (include area code) 5707501330		E-Mail Address (if available) KEVIN@KFITZ.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: BISHOP State: CA		
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: 07/10/2021 (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 LAWRENCE L. AMUNDSEN	Typed or Printed Title of Person Signing SOLE PROPRIETOR
Signature	Date (mm/dd/yyyy) 07/20/2021

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:** REASON FOR STA

THE K208BS TRANSMITTER FAILED. A REPLACEMENT UNIT WILL BE ORDERED.

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### Attachment 1

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