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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. |
| Read Instructions/FAQ before filling out form | | |

Section I - General Information

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| 1. | Legal Name of the Applicant UNIVERSITY SYSTEM OF NEW HAMPSHIRE | |
| | Mailing Address 5 CHENELL DRIVE, SUITE 301 | |
| | City CONCORD | State or Country (if foreign address) NH |
| | Zip Code 03301 - | |
| | Telephone Number (include area code) 603-862-1800 | E-Mail Address (if available) RON.ROGERS@USNH.EDU |
| | FCC Registration No 0025654971 | Call Sign WUNH |
| | Facility ID Number 69327 | |
| 2. | Contact Representative (if other than licensee/permittee) BRAD DEUTSCH | Firm or Company Name FOSTER GARVEY P.C. |
| | Mailing Address 1000 POTOMAC ST., NW | |
| | City WASHINGTON | State or Country (if foreign address) DC |
| | ZIP Code 20007 - | |
| | Telephone Number (include area code) 202-298-1793 | E-Mail Address (if available) BRAD.DEUTSCH@FOSTER.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: DURHAM State: NH | |
| 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: 01/10/2022 (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 RONALD ROGERS | Typed or Printed Title of Person Signing GENERAL COUNSEL & SECRETARY |
| Signature  | Date (mm/dd/yyyy) 01/18/2022 |

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: REQUEST FOR SILENT STA

THE STATION'S STL EQUIPMENT HAS FAILED AND HAS BEEN SENT OUT FOR REPAIRS. THE LICENSEE WILL RETURN THE STATION TO AIR AS SOON THE REPAIRED EQUIPMENT IS RECEIVED AND INSTALLED.

Attachment 1
