

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
Read Instructions/FAQ before filling out form		FILE NO. -

**Section I - General Information**

1.	Legal Name of the Applicant KASPAR BROADCASTING CO., INC.	
	Mailing Address P.O. BOX 545	
	City FRANKFORT	State or Country (if foreign address) IN
	Zip Code 46041 -	
	Telephone Number (include area code) 7656593338	E-Mail Address (if available) RK@KASPARRADIO.COM
	FCC Registration No 0008615635	Call Sign W271BX
	Facility ID Number 155852	
2.	Contact Representative (if other than licensee/permittee) ANTHONY T. LEPORE, ESQ.	Firm or Company Name RADIOTVLAW ASSOCIATES, LLC
	Mailing Address 4101 ALBEMARLE ST. N.W. SUITE 324	
	City WASHINGTON	State or Country (if foreign address) DC
	Zip Code 20016	
	Telephone Number (include area code) 2026812201	E-Mail Address (if available) anthony@radiotvlaw.net
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: FRANKFORT State: IN	
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: 2/1/2022 (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.

Typed or Printed Name of Person Signing RUSS KASPAR	Typed or Printed Title of Person Signing PRESIDENT
Signature	Date (mm/dd/yyyy) 2/22/2022

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:** REASON FOR SILENT AUTHORITY REQUEST

LICENSEE HAS ANOTHER LICENSED FACILITY NEEDING A NEW TRANSMITTER WHICH IS BACKORDERED FROM NAUTEL DUE TO SUPPLY CHAIN ISSUES; LICENSEE TOOK W271BX TRANSMITTER FOR USE AT OTHER FACILITY IN THE INTERIM AND WILL INSTALL NEW NAUTEL AT W271BX WHEN IT IS DELIVERED. W271BX WILL RESUME BROADCASTING AS SOON AS NAUTEL DELIVERS NEW TRANSMITTER.

---

### **Attachment 1**

---