


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 Read Instructions/FAQ before filling out form		FOR COMMISSION USE ONLY FILE NO.

Section I - General Information

1.	Legal Name of the Applicant LEECH LAKE BAND OF OJIBWE		
	Mailing Address KOJB RADIO 190 SAILSTAR DRIVE, NW		
	City CASS LAKE	State or Country (if foreign address) MN	Zip Code 56633
	Telephone Number (include area code) 218-339-5652		E-Mail Address (if available) BRAD@KOJB.ORG
	FCC Registration No 0020747812	Call Sign K287AD	Facility ID Number 49542
2.	Contact Representative (if other than licensee/permittee) MELODIE A. VIRTUE, ESQ.		Firm or Company Name FOSTER GARVEY P.C.
	Mailing Address 1000 POTOMAC STREET, N.W. SUITE 200		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20007 -
	Telephone Number (include area code) 2022982527		E-Mail Address (if available) MELODIE.VIRTUE@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: BEMIDJI 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.	Please provide a justification for the request		[Exhibit 1]
7.	Date Station has gone / will go silent: 01/31/2022 (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 MELODIE A. VIRTUE	Typed or Printed Title of Person Signing FCC COUNSEL
Signature 	Date (mm/dd/yyyy) 2/11/2022

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: EXPLANATION FOR SILENT REQUEST

K287AD WAS DISPLACED BY CO-CHANNEL WRLN COMING ON THE AIR. THE STATION IS CURRENTLY EXPLORING ENGINEERING OPTIONS FOR A NEW CHANNEL SO THAT IT CAN APPLY FOR A DISPLACEMENT CHANNEL.

Attachment 1
