

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 JAMES RIVER BROADCASTING COMPANY		
	Mailing Address PO BOX 13919		
	City GRAND FORKS	State or Country (if foreign address) ND	Zip Code 58208 -
	Telephone Number (include area code) 7017753910		E-Mail Address (if available)
	FCC Registration No 0002428506	Call Sign K296FI	Facility ID Number 149245
2.	Contact Representative (if other than licensee/permittee) MILES S. MASON		Firm or Company Name PILLSBURY WINTHROP SHAW PITTMAN LLP
	Mailing Address 1200 SEVENTEENTH STREET, NW		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20036 -
	Telephone Number (include area code) 2026638000		E-Mail Address (if available) MILES.MASON@PILLSBURYLAW.COM
3.	Purpose: <input type="radio"/> Notification of Suspension of Operations <input type="radio"/> Notification of Suspension of Operations and Request for Silent STA <input type="radio"/> Request for Silent STA <input checked="" type="radio"/> Request to Extend STA File Number: BLSTA - 20210819AAK <input type="radio"/> Resumption of Operations		
4.	Community of License: City: PIERRE State: SD		
5.	Reason for going silent: <input type="radio"/> Technical <input type="radio"/> Financing <input type="radio"/> Staffing <input checked="" 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: 08/15/2021 (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 LANCE KNUDSON	Typed or Printed Title of Person Signing COO
Signature	Date (mm/dd/yyyy) 04/25/2022

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: EXHIBIT ONE

FM TRANSLATOR STATION K296FI WENT SILENT ON AUGUST 15, 2021 DUE TO THE LOSS OF THE PROGRAMMING SOURCE OF THE STATION. THE LICENSEE IS STILL REVIEWING OPTIONS TO RELOCATE THE TRANSMITTER SITE OF THE STATION, AND RESPECTFULLY REQUESTS AN EXTENSION OF STA (FILE NO. BLSTA - 20210819AAK) TO REMAIN SILENT WHILE IT FINALIZES ITS PLANS.

Attachment 1
