

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>  Read Instructions/FAQ before filling out form		FOR COMMISSION USE ONLY FILE NO.  <b>Filed by email</b>

### Section I - General Information

1.	Legal Name of the Applicant READING, WRITING, ARITHMETIC, INC.		
	Mailing Address 6455 DEAN MARTIN DRIVE SUITE N		
	City LAS VEGAS	State or Country (if foreign address) NV	Zip Code 89118
	Telephone Number (include area code) (702) 236-4114		E-Mail Address (if available) MUNARI@MSN.COM
	FCC Registration No 0020464889	Call Sign KAPU-LP	Facility ID Number 195439
2.	Contact Representative (if other than licensee/permittee) Paul Bame		Firm or Company Name Prometheus Radio Project
	Mailing Address POB 42158		
	City Philadelphia	State or Country (if foreign address) PA	ZIP Code 19101
	Telephone Number (include area code) 970 988 3849		E-Mail Address (if available) pbame@prometheusradio.org
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: LAS VEGAS State: NV		
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		
7.	Date Station has gone / will go silent: 04/29/2022 (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
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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 Gene Munari	Typed or Printed Title of Person Signing DIRECTOR
Signature	Date (mm/dd/yyyy) 04/29/2022

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).

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## Exhibits

### Exhibit 1

**Description:** JUSTIFICATION FOR SILENCE

Site is changing ownership and no longer available, necessitating a relocation.

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### Attachment 1