

Before the
FEDERAL COMMUNICATIONS COMMISSION
 WASHINGTON, D.C. 20554

In the Matter of)	
)	
Alaska Educational Radio System, Inc.)	NAL/Acct. No. MB-201841410015
)	FRN: 0008610982
Applications for Renewal and Assignment of)	Facility ID No. 93588
License, KABN-FM, Kasilof, Alaska)	BRED-20130930BSV, BALED-
)	20140121AAZ

ORDER

Adopted: October 17, 2018

Released: October 18, 2018

By the Chief, Audio Division, Media Bureau:

1. In this *Order* (“*Order*”), we cancel a \$20,000 *Notice of Apparent Liability for a Forfeiture* (“*NAL*”) issued to Alaska Educational Radio System, Inc. (AERS), former owner of the cancelled license of noncommercial educational station KABN-FM, Kasilof, Alaska, for apparently willfully and repeatedly violated Section 73.1745(a) of the Commission’s rules (Rules)¹ on four separate occasions by operating the Station at a variance from its licensed parameters without authority to do so, and willfully and repeatedly violated Section 73.561(d) of the Rules on five separate occasions by discontinuing the Station’s operations without authority to do so.²

2. On or about July 18, 2018, AERS surrendered the license of Station KABN-FM, and the staff cancelled the Station license on July 19, 2018.³

3. In light of the licensee's surrender of the license of KABN-FM, IT IS HEREBY ORDERED that, pursuant to Section 504(b) of the Communications Act of 1934, as amended,⁴ and Sections 0.61, 0.283, and 1.80(f)(4) of the Rules,⁵ the *Notice of Apparent Liability for a Forfeiture*, NAL/Acct. No. MB-201841410015, issued to Alaska Educational Radio System, Inc., IS CANCELLED.⁶

¹ See 47 CFR §§ 73.1745(a), 73.1635.

² See 47 CFR § 73.561(d).

³ See *Broadcast Actions*, Public Notice, Report No. 49284 (Jul. 24, 2018).


⁴ 47 U.S.C. § 504(b).

⁵ 47 CFR §§ 0.61, 0.283, 1.80(f)(4).

⁶ See, e.g., *Alma Coll., Mount Pleasant Baptist Acad., Mount Pleasant Public Schools, and Central Michigan Univ.*, Memorandum Opinion and Order, 18 FCC Rcd 21275, 21031 n.38 (WTB 2003) (because station license surrendered, no enforcement action warranted).

4. IT IS FURTHER ORDERED that copies of this Memorandum Opinion and Order and Notice of Apparent Liability for Forfeiture shall be sent, by First Class and Certified Mail, Return Receipt Requested, to Alaska Educational Radio System, Inc., 12415 Merlin Drive, Seward, AK 99664, and its counsel, David Tillotson, 4606 Charleston Terrace, N.W., Washington, DC 20007.

FEDERAL COMMUNICATIONS COMMISSION

A handwritten signature in black ink, appearing to read "Albert Shuldiner".

Albert Shuldiner
Chief, Audio Division
Media Bureau

7014 2120 0000 6435 8009

U.S. Postal ServiceTM

CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com**OFFICIAL USE**

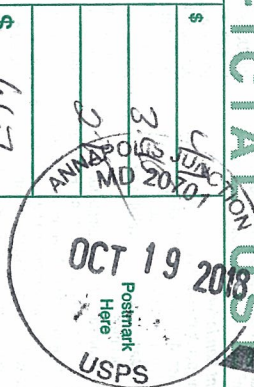
Postage	\$	6.07
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	6.07

Sent To Alaska Educational Radio Systems, Inc.

Street & Apt. No., 12415 Merln Drive

City, State, ZIP+4 Seward, AK 99664

PS Form 3800, July 2014 See Reverse for Instructions



7014 2120 0000 6435 8023

U.S. Postal ServiceTM

CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com**OFFICIAL USE**

Postage	\$	4.14
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.14

Sent To David T. Johnson

Street & Apt. No., 4606 Charleston Terrace, N.W.

City, State, ZIP+4 Washington, DC 20007

PS Form 3800, July 2014

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Alaska Educational Radio Systems, Inc.
12415 Merln Drive
Seward, AK 99664

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7014 2120 0000 6435 8009

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input checked="" type="checkbox"/> Agent
B. Received by (Printed Name)	<input type="checkbox"/> Addressee
C. Date of Delivery	
D. Is delivery address different from item 1?	<input type="checkbox"/> Yes
If YES, enter delivery address below:	<input type="checkbox"/> No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

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