

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		FOR COMMISSION USE ONLY FILE NO. BLSTA - 20180320AAQ
Read Instructions/FAQ before filling out form		

Section I - General Information

1.	Legal Name of the Applicant STEVEN L. EDMONDSON		
	Mailing Address 1015 ROCKDALE ROAD		
	City DUBUQUE,	State or Country (if foreign address) IA	Zip Code 52003 -
	Telephone Number (include area code) 5635879245		E-Mail Address (if available) SLE434@GMAIL.COM
	FCC Registration No 0022035885	Call Sign KYRN	Facility ID Number 164088
2.	Contact Representative (if other than licensee/permittee) STEVEN L EDMONDSON		Firm or Company Name SOCORRO COMMUNITY RADIO
	Mailing Address 1015 ROCKDALE ROAD		
	City DUBUQUE	State or Country (if foreign address) IA	ZIP Code 52003 -
	Telephone Number (include area code) 5635879245		E-Mail Address (if available) SLE434@GMAIL.COM
	Purpose: <input type="radio"/> Notification of Suspension of Operations <input type="radio"/> Notification of Suspension of Operations and Request for Silent STA <input checked="" type="radio"/> Request for Silent STA <input type="radio"/> Request to Extend STA <input type="radio"/> Resumption of Operations		
4	Community of License: City: SOCORRO State: NM		
5.	Reason for going silent:		

	<input type="radio"/> Technical <input type="radio"/> Financing <input type="radio"/> Staffing <input type="radio"/> Program Source <input checked="" type="radio"/> Other
6.	Please provide a justification for the request [Exhibit 1]
7.	Date Station has gone / will go silent: 03/03/2018 (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 STEVE EDMONDSON	Typed or Printed Title of Person Signing STATION OWNER/LICENSEE
Signature	Date (mm/dd/yyyy) 03/02/2018

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: OWNERSHIP/MANAGEMENT ISSUES

BECAUSE OF UNFORESEEN CIRCUMSTANCES A PLANNED CHANGE OF OWNERSHIP FAILED TO MATERIALIZE AND IN ORDER TO BE IN COMPLIANCE WITH FCC REGULATIONS THE STATION WILL NEED TO BE SILENT UNTIL PROPER MANAGEMENT AND/OR NEW OWNERSHIP CAN BE ESTABLISHED.

Attachment 1
