

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0031 (September 2004)	FOR FCC USE ONLY
Consummation Notice Read Instructions/FAQ before filling out form		FOR COMMISSION USE ONLY FILE NO.

Section I - General Information

1.	Legal Name of the Applicant AMERICAN PUBLIC MEDIA GROUP										
	Mailing Address 480 CEDAR STREET										
	City ST. PAUL	State or Country (if foreign address) MN	Zip Code 55101 -								
	Telephone Number (include area code) 6512901500		E-Mail Address (if available) FCCFILING@MPR.ORG								
	FCC Registration Number: 0005086459	Call Sign KPCV	Facility ID Number 85911								
2.	Contact Representative (if other than licensee/permittee) TODD M STANSBURY		Firm or Company Name WILEY REIN LLP								
	Mailing Address 1776 K STREET NW										
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20006 -								
	Telephone Number (include area code) 2027194948		E-Mail Address (if available) TSTANSBURY@WILEYREIN.COM								
3.	Purpose: <input checked="" type="radio"/> Consummation Notice <input type="radio"/> Extension of Consummation <input type="radio"/> Notification of Non-consummation										
4.	Consummation for: <input checked="" type="radio"/> Assignment of License and/or Permit <input type="radio"/> Transfer of Control										
5.	Lead Station File Number: BALED - 20090325AIL		Lead Facility ID: 85911								
6.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">File Number</th> <th style="width:15%;">Facility ID</th> <th style="width:20%;">Call Sign</th> <th style="width:25%;">Will not Consummate</th> </tr> </thead> <tbody> <tr> <td>BALED-20090325AIL</td> <td>85911</td> <td>KPCV</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>			File Number	Facility ID	Call Sign	Will not Consummate	BALED-20090325AIL	85911	KPCV	<input type="checkbox"/>
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BALED-20090325AIL	85911	KPCV	<input type="checkbox"/>								
7.	Date of consummation: 5/28/2009										
8.	FRN of Assignee/Transferee: 0005089438										

I hereby certify that the referenced assignment of license/transfer of control was consummated within the required time period, on the date indicated in #7 above.

Typed or Printed Name of Person Signing THOMAS J KIGIN	Typed or Printed Title of Person Signing EXECUTIVE VICE PRESIDENT
Signature	Date 5/28/2009

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
