

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>BLSTA - 20100623AJC</b>

**Section I - General Information**

1.	Legal Name of the Applicant PASADENA AREA COMMUNITY COLLEGE DISTRICT		
	Mailing Address 1570 E. COLORADO BLVD.		
	City PASADENA	State or Country (if foreign address) CA	Zip Code 91106 -
	Telephone Number (include area code) 6265857201		E-Mail Address (if available) FCCFILING@MPR.ORG
	FCC Registration No 0005085204	Call Sign KPCC-FM1	Facility ID Number 178427
2.	Contact Representative (if other than licensee/permittee) JOHN CRIGLER	Firm or Company Name GARVEY SCHUBERT & BARER	
	Mailing Address 1000 POTOMAC ST. NW FIFTH FLOOR		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20007 -
	Telephone Number (include area code) 2022982521		E-Mail Address (if available) JCRIGLER@GSBLAW.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 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: SANTA CLARITA    State: CA		
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		
6.	Please provide a justification for the request	[Exhibit 1]	
7.	Date Station has gone / will go silent:    5/26/2010    (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 JOHN CRIGLER	Typed or Printed Title of Person Signing ATTORNEY
Signature	Date (mm/dd/yyyy) 6/23/2010

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

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### Exhibit 1

**Description:** EXHIBIT 1

BOOSTER STATION KPCC-FM1 WAS TAKEN OFF THE AIR BECAUSE OF INTERFERENCE TO PRIMARY STATION KPCC. AN APPLICATION TO MODIFY KPCC-FM1 IS BEING FILED CONCURRENTLY WITH THIS STA REQUEST. UPON GRANT OF THE MODIFICATION, KPCC-FM1 WILL BE RETURNED TO THE AIR.

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### Attachment 1

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