

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 - 20211228AAE
Read Instructions/FAQ before filling out form		

Section I - General Information

1.	Legal Name of the Applicant NEWPORT BROADCASTING COMPANY		
	Mailing Address P. O. BOX 989		
	City BLYTHEVILLE	State or Country (if foreign address) AR	Zip Code 72316 - 0989
	Telephone Number (include area code) 8707622093		E-Mail Address (if available) HSUDBURYJR@YAHOO.COM
	FCC Registration No 0001732056	Call Sign KNBY	Facility ID Number 48750
2.	Contact Representative (if other than licensee/permittee) GARY S. SMITHWICK, ESQ.	Firm or Company Name SMITHWICK & BELENDIUK, P.C.	
	Mailing Address 5028 WISCONSIN AVENUE, NW SUITE 301		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20016 -
	Telephone Number (include area code) 2023634560		E-Mail Address (if available) GSMITHWICK@FCCWORLD.COM
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: NEWPORT State: AR		
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: 12/10/2021 (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 HAROLD L. SUDBURY, JR.	Typed or Printed Title of Person Signing DIRECTOR
Signature	Date (mm/dd/yyyy) 12/28/2021

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: REASON FOR SUSPENSION OF OPERATION

ON DEC. 10 SEVERE WEATHER CAME THROUGH NEWPORT, ARKANSAS, AND ALL OF NORTHEAST ARKANSAS. THESE TORNADOES KILLED SEVERAL PEOPLE IN THE AREA. KNBY WAS KNOCKED OFF THE AIR. THE LICENSEE HAS NOT YET BEEN ABLE TO GET AN ENGINEER TO ASSESS THE DAMAGE.

Attachment 1
