

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 Read Instructions/FAQ before filling out form		FOR COMMISSION USE ONLY FILE NO. - 20210408AAB

Section I - General Information

1.	Legal Name of the Applicant KPHP RADIO, INC.		
	Mailing Address P.O. BOX 3003		
	City BLUE BELL	State or Country (if foreign address) PA	Zip Code 19422 -
	Telephone Number (include area code) 2156283500		E-Mail Address (if available) CRISA@CRAWFORDBROADCASTING.COM
	FCC Registration No 0003253150	Call Sign KKPZ	Facility ID Number 4113
2.	Contact Representative (if other than licensee/permittee) JOHN S. NEELY, ESQ.		Firm or Company Name MILLER AND NEELY, P.C.
	Mailing Address SUITE 203 3750 UNIVERSITY BLVD., WEST		
	City KENSINGTON	State or Country (if foreign address) MD	ZIP Code 20895 -
	Telephone Number (include area code) 3019336304		E-Mail Address (if available) JOHNSNEELY@YAHOO.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: PORTLAND State: OR		
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: 4/30/2021 (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 DONALD B CRAWFORD	Typed or Printed Title of Person Signing PRESIDENT
Signature	Date (mm/dd/yyyy) 4/8/2021

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 SILENT REQUEST

KKPZ WILL SUSPEND OPERATIONS ON APRIL 30 FOR A PERIOD DURING WHICH IT WILL SEEK A BUYER FOR THE STATION.

Attachment 1
