

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. - 20220215

Section I - General Information

1.	Legal Name of the Applicant SPIRIT EDUCATIONAL RADIO, INC.	
	Mailing Address P.O. BOX 1970 60 NORTH WAYNE STREET	
	City MARTINSVILLE	State or Country (if foreign address) IN
	Zip Code 46151 -	
	Telephone Number (include area code) 7653491485	E-Mail Address (if available) MIDAMERICARADIOGROUP@GMAIL.COM
	FCC Registration No 0013212378	Call Sign WMYJ-FM
	Facility ID Number 92257	
2.	Contact Representative (if other than licensee/permittee) ANNE GOODWIN CRUMP, ESQ.	
	Firm or Company Name FLETCHER, HEALD & HILDRETH, PLC	
	Mailing Address 1300 N. 17TH STREET 11TH FLOOR	
	City ARLINGTON	State or Country (if foreign address) VA
	Zip Code 22209 -	
	Telephone Number (include area code) 7038120400	E-Mail Address (if available) CRUMP@FHHLAW.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: OOLITIC State: IN	
5.	Reason for going silent:	
	<input type="radio"/> Technical <input checked="" 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: 2/1/2022 (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 DEBBIE KEISTER-HUBBARD	Typed or Printed Title of Person Signing PRESIDENT
Signature	Date (mm/dd/yyyy) 2/15/2022

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 GOING SILENT

THE LICENSEE OF WMYJ-FM TOOK THE STATION SILENT BECAUSE OF EQUIPMENT FAILURE AT A SISTER STATION WHICH NECESSITATED THE IMMEDIATE BORROWING OF EQUIPMENT FROM WMYJ-FM IN ORDER TO ENABLE THE OTHER STATION TO OPERATE. IT WAS CLEAR THAT ONE STATION OR THE OTHER WOULD NEED TO GO SILENT, AND THE CHOICE WAS MADE THAT IT SHOULD BE WMYJ-~~Attachment 1~~ FM IN LIGHT OF LONG-TERM ECONOMIC DIFFICULTIES THAT HAVE ALSO AFFECTED THE STATION. A CERTIFICATION FOR FEDERAL BENEFITS IS ATTACHED.

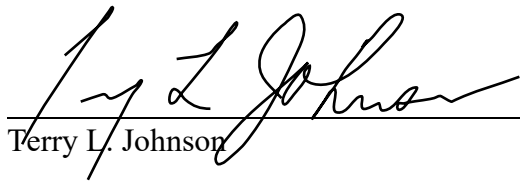
CERTIFICATION FOR FEDERAL BENEFITS

The undersigned hereby certifies that neither the applicant nor any person holding an attributable interest in the applicant is subject to a denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 853a.

SPIRIT EDUCATIONAL RADIO, INC.

Date: February 11, 2022

By:



Terry L. Johnson

Title: President