

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 - 20210625AAH
Read Instructions/FAQ before filling out form		

Section I - General Information

1.	Legal Name of the Applicant INTERNATIONAL METAPHYSICAL MINISTRY DBA UNIVERSITY OF SEDONA	
	Mailing Address 2675 WEST ARIZONA HWAY 89A	
	City SEDONA	State or Country (if foreign address) AZ
	Zip Code 86336 -	
	Telephone Number (include area code) 9282821483	E-Mail Address (if available)
	FCC Registration No 0023048036	Call Sign KUOS-LP
	Facility ID Number 194120	
2.	Contact Representative (if other than licensee/permittee) MICHELLE ANGELA BEHR	Firm or Company Name UNIVERSITY OF SEDONA
	Mailing Address 2675 WEST ARIZONA HWAY 89A	
	City SEDONA	State or Country (if foreign address) AZ
	ZIP Code 86336 -	
	Telephone Number (include area code) 9282821483	E-Mail Address (if available)
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: SEDONA State: AZ	
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: 06/28/2021 (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 MICHELLE ANGELA BEHR	Typed or Printed Title of Person Signing CEO AND CHAIR
Signature	Date (mm/dd/yyyy) 06/25/2021

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: JUSTIFICATION OF SILENT REQUEST

THE STUDIO OF KUOS-LP HAS LOST IT'S STUDIO LEASE, AND IS NOW WORKING ON FINDING A NEW LOCATION. IT IS EXPECTED TO TAKE UP TO 6 MONTHS TO REBUILD THE STUDIO IN A NEW LOCATION IN THE CITY OF SEDONA.

Attachment 1
