

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
<b>Notification of Suspension of Operations</b>  Read Instructions/FAQ before filling out form		FOR COMMISSION USE ONLY FILE NO.

**Section I - General Information**

1.	Legal Name of the Applicant MTD, INC.	
	Mailing Address P.O. DRAWER 2010	
	City RUIDOSO DOWNS	State or Country (if foreign address) NM
	Zip Code 88346 -	
	Telephone Number (include area code) 5752589922	E-Mail Address (if available)
	Call Sign KIDX	Facility ID Number 87732
2.	Contact Representative (if other than licensee/permittee) CARY S. TEPPER, ESQ.	Firm or Company Name BOOTH, FRERET, IMLAY & TEPPER, P.C.
	Mailing Address 7900 WISCONSIN AVENUE SUITE 304	
	City BETHESDA	State or Country (if foreign address) MD
	ZIP Code 20814 - 3628	
	Telephone Number (include area code) 3017181818	E-Mail Address (if available) TEPPERLAW@AOL.COM
3.	Purpose: <input checked="" type="radio"/> Notification of Suspension of Operations <input 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: RUIDOSO State: NM	
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 4]
7.	Date Station will go silent: 12/08/2009 (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 ANN MCGOVERN	Typed or Printed Title of Person Signing PRESIDENT
Signature	Date (mm/dd/yyyy) 12/17/2009

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

### Exhibit 4

**Description:** EXPLANATION OF OFF-AIR CIRCUMSTANCES

ON DECEMBER 8, 2009 A WINDSTORM CAUSED THE KIDX-FM TOWER STRUCTURE TO COLLAPSE. THE TOWER STRUCTURE IS LOCATED IN A MOUNTAINOUS AREA THAT IS CURRENTLY EXPERIENCING WINTER WEATHER CONDITIONS.

CONSULTANTS FOR MTD, INC. WILL SOON ATTEMPT TO CONSTRUCT A TEMPORARY TOWER STRUCTURE AT THAT EXACT SAME LOCATION, AND WE ARE HOPEFUL THAT A REQUEST FOR SPECIAL TEMPORARY AUTHORITY WILL SOON BE FILED IN ORDER TO RESTORE SOME LEVEL OF BROADCAST SERVICE FOR KIDX-FM.

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### Attachment 4