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September 25, 2006

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VIA HAND DELIVERY

Ms. Marlene Dortch
Secretary
Federal Communications Commission
Portals II Building
445 Twelfth Street, S.W.
TW-A325
Washington, D.C. 20554


**Re: The Curators of the University of Missouri
Station KMNR(FM), Rolla, MO (FIN: 14740)
Section 73.1125 (d)(1) Notification**

Dear Ms. Dortch:

On behalf of The Curators of the University of Missouri, the licensee of Station KMNR(FM), Rolla, Missouri ("KMNR") and pursuant to Section 73.1125(d)(1) of the Commission's rules, this is to notify the Commission that KMNR has relocated its main studio to Altman Hall, 1st Floor, 905 State Street, Rolla, MO 65401. The remote control point is located at that address in Room 106.

If there are any questions concerning this matter, please communicate with the undersigned.

Very truly yours,


Kathryn R. Schmeltzer

533375-000-0004

Federal Communications Commission Washington, D.C. 20554	March 2005	FOR FCC USE ONLY
Change in Official Mailing Address for Broadcast Station Read Instructions/FAQ before filling out form		FOR COMMISSION USE ONLY FILE NO.

1. Legal Name of the Licensee THE CURATORS OF THE UNIVERSITY OF MISSOURI				
Mailing Address KMNR STATION MANAGER 218 HAVENER CENTER				
City ROLLA	State or Country (if foreign address) MO	ZIP Code 65401 - 0249		
Telephone Number (include area code) 5733414272	E-Mail Address (if available)			
FCC Registration No 0002511491				
If the above fields do not contain the desired values, use the 'Change Account Address' button to go to the Account Maintenance screen where you can make changes for this CDBS account. [Change Account Address]				
2. Enter the station information for each facility this address change affects. [Enter Station Information]				
Station Information Enter one row for each station to be updated. Call Sign, Facility ID, Service and Licensee name must match what is currently reflected in CDBS. You can follow the link to locate the required information in CDBS Public Access				
1	Call Sign KMNR	Facility ID 14740	Service FM	Licensee Name THE CURATORS OF THE UNIVERSITY OF MISSOURI

I 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 NATALIE KRAWITZ	Typed or Printed Title of Person Signing VP - FINANCE AND ADMINISTRATION
Signature	Date 09/25/2006

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).