Mediacom

VIA: CERTIFIED MAIL, RETURN RECEIPT REQUESTED

March 15, 2018

Eleven Sports Network
Anthony Bailey
116 Washington Avenue
2nd Floor
North Haven, CT 06473

RE: Certification of Compliance with Children's Television Laws & Closed Captioning

To Whom It May Concern:

Mediacom is requesting a certificate from Eleven Sports Network for your networks (listed below) in order to be in compliance with our record keeping obligations as a cable operator under the Children's Television Act of 1990 and the FCC rules implementing the Act (Ref 76.1703, 76.225). We need certificates for the three months ended March 31, 2018.

1. Eleven Sports Network

In addition, we respectfully request a certification for closed captioning as required by the FCC Rules and Regulation. (Ref 79.3(b)(3), 79.3(e)(3)(i))

Please have the appropriate officer of your company review the Children's Programming practices and Closed Captioning requirements for the quarters stated above and send us certification. In addition, please make a detailed notation of any instances in which your programs exceeded the limits on commercial time. When complete, please send notification(s) to my attention at the address listed below or you can email an electronic version to: djanssen@mediacomcc.com.

As you probably are aware, under FCC Rules, we must place certification in our files before the 10th of the month following the end of each quarter. We therefore appreciate your prompt attention to this matter.

Sincerely,

Dawn Janssen

Dawn Janssen

Mediacom Communications Corporation
1 Mediacom Way • Mediacom Park, NY 10918 • 845-443-2667 • Fax 845-698-4127

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Eleven Sports Network
Anthony Bailey
116 Washington Avenue, 2nd Floor
North Haven, CT 06473

9590 9402 3088 7124 1127 53

2. Article Number *(Transfer from service label)*

7014 1200 0002 3144 2164

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

7014 1200 0002 3144 2164

7014 1200 0002 3144 2164

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

PROOF

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To

Street, Apt. N
or PO Box N
City, State, Z

Eleven Sports Network
Anthony Bailey
116 Washington Avenue, 2nd Floor
North Haven, CT 06473

PS Form 380 ... ns