



VIA: CERTIFIED MAIL, RETURN RECEIPT REQUESTED

December 16, 2016

HITN

Jonathan Guerra
63 Flushing Avenue
Building 292, Suite 211
Brooklyn, NY 11205

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

To Whom It May Concern:

Mediacom is requesting a certificate from HITN 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 December 31, 2016.

1. HITN

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,

A handwritten signature in cursive script that reads "Dawn Janssen".

Dawn Janssen

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



7014 1200 0002 3144 0853
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PS Form 3800, August 2006 See Reverse for Instructions

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Return Receipt Fee (Endorsement Required)	
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Total P HITN

Sent to Jonathan Guerra
 63 Flushing Ave., Bldg. 292, Suite 211
 Brooklyn, NY 11205

City, State or PO Box

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 HITN
 Jonathan Guerra
 63 Flushing Ave., Bldg. 292, Suite 211
 Brooklyn, NY 11205

2. Article Number (Transfer from service label)
 7014 1200 0002 3144 0853

3. Service Type
 Certified Mail
 Express Mail
 Return Receipt for Merchandise
 Registered
 Insured Mail
 C.O.D.

4. Restricted Delivery? (Extra Fee)
 Yes

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

A. Signature X
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery

COMPLETE THIS SECTION ON DELIVERY

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ 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.