



VIA: CERTIFIED MAIL, RETURN RECEIPT REQUESTED

December 16, 2016

Fuse Network LLC
Adrienne Cooksey
11 Penn Plaza
17th Floor
New York, NY 10001

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

To Whom It May Concern:

Mediacom is requesting a certificate from Fuse Network LLC 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. Fuse

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.

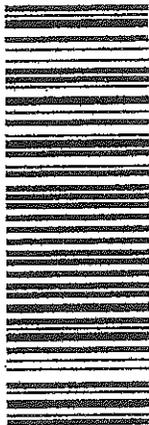
Sincerely,

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

Dawn Janssen

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>FUSE TV Adrienne Cooksey 11 Penn Plaza, 17th Floor New York, NY 10001</p>	<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
 <p>9590 9402 1842 6104 5412 06</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7014 1200 0002 3144 0856</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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Sent _____ Street or PO _____ City, _____	Adrienne Cooksey 11 Penn Plaza, 17th Floor New York, NY 10001
PS Form 3800, August 2006 See Reverse for Instructions	