



VIA: CERTIFIED MAIL, RETURN RECEIPT REQUESTED

December 16, 2016

Three Angels Broadcasting Network
Moses Primo
P.O. Box 220
West Fankfort, IL 62896

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

To Whom It May Concern:

Mediacom is requesting a certificate from Three Angels Broadcasting 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 December 31, 2016.

1. 3ABN

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 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:

Three Angels Broadcasting Network
 Moses Primo
 P.O. Box 220
 West Frankfort, IL 62896



9590 9402 1842 6104 5411 90

2. Article Number (Transfer from service label)

7016 2070 0001 0293 7559

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

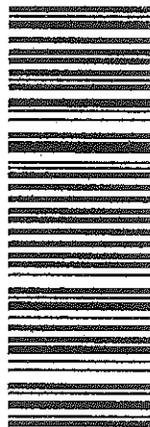
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- all Restricted Delivery
- Priority Mail Express®
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- 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



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<input type="checkbox"/> Adult Signature Required	\$
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 P.O. Box 220
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