

<b>FCC Form 481 - Carrier Annual Reporting Data Collection Form</b>	FCC Form 481 OMB 3060-0986 OMB 3060-0819 Avg. Burden Estimate per Respondent: 20 Hours
---	---

<b>&lt;010&gt; Study Area Code</b>	509012	
<b>&lt;015&gt; Study Area Name</b>	Nexus Communications, Inc.	Nexus did not provide service as an ETC for this SAC in 2012, but is nevertheless filling a Form 481 so that USAC and the FCC may account for the status of this SAC.
<b>&lt;020&gt; Program Year</b>	2012	
<b>&lt;030&gt; Contact Name: Person USAC should contact with questions about this data</b>	Steven Fenker, President	
<b>&lt;035&gt; Contact Telephone Number: Number of the person identified in data line &lt;030&gt;</b>	(740) 549 - 1092	
<b>&lt;039&gt; Contact Email: Email of the person identified in data line &lt;030&gt;</b>	sfenker1@earthlink.net	

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	54,313 Completion Required	54,422 Completion Required
--	----------------------------------	----------------------------------

			(check box when complete)
<b>&lt;100&gt; Service Quality Improvement Reporting</b>	(complete attached worksheet)		<input type="checkbox"/>
<b>&lt;200&gt; Outage Reporting (voice)</b>	(complete attached worksheet)		<input type="checkbox"/>
<b>&lt;210&gt;</b>	n/a <-- check box if no outages to report		<input type="checkbox"/>
<b>&lt;300&gt; Unfulfilled Service Requests (voice)</b>			<input type="checkbox"/>
<b>&lt;310&gt; Detail on Attempts (voice)</b>	(attach descriptive document)		<input type="checkbox"/>
<b>&lt;320&gt; Unfulfilled Service Requests (broadband)</b>			<input type="checkbox"/>
<b>&lt;330&gt; Detail on Attempts (broadband)</b>	(attach descriptive document)		<input type="checkbox"/>
<b>&lt;400&gt; Number of Complaints per 1,000 customers (voice)</b>			<input type="checkbox"/>
<b>&lt;410&gt; Fixed</b>	n/a		<input type="checkbox"/>
<b>&lt;420&gt; Mobile</b>	n/a		<input type="checkbox"/>
<b>&lt;430&gt; Number of Complaints per 1,000 customers (broadband)</b>			<input type="checkbox"/>
<b>&lt;440&gt; Fixed</b>	n/a		<input type="checkbox"/>
<b>&lt;450&gt; Mobile</b>	n/a		<input type="checkbox"/>
Where "n/a" is indicated, the question is not applicable to Nexus Communications because the company has been designated an ETC for this study area by the state			
<b>&lt;500&gt; Service Quality Standards &amp; Consumer Protection Rules Compliance</b>	(check to indicate certification)		<input type="checkbox"/>
<b>&lt;510&gt;</b>	(attached descriptive document)		<input type="checkbox"/>
<b>&lt;600&gt; Functionality in Emergency Situations</b>	(check to indicate certification)		<input type="checkbox"/>
<b>&lt;610&gt;</b>	(attached descriptive document)		<input type="checkbox"/>
<b>&lt;700&gt; Company Price Offerings (voice)</b>	(complete attached worksheet)		<input type="checkbox"/>
<b>&lt;710&gt; Company Price Offerings (broadband)</b>	(complete attached worksheet)		<input type="checkbox"/>
<b>&lt;800&gt; Operating Companies and Affiliates</b>	(complete attached worksheet)		<input checked="" type="checkbox"/>
<b>&lt;900&gt; Tribal Land Offerings (Y/N)?</b>	(if yes, complete attached worksheet)		<input type="checkbox"/>
<b>&lt;1000&gt; Voice Services Rate Comparability</b>	(check to indicate certification)		<input type="checkbox"/>
<b>&lt;1010&gt;</b>	(attach descriptive document)		<input type="checkbox"/>
<b>&lt;1100&gt; Terrestrial Backhaul (Y/N)?</b>	(if not, check to indicate certification)		<input type="checkbox"/>
<b>&lt;1110&gt;</b>	(complete attached worksheet)		<input type="checkbox"/>
<b>&lt;1200&gt; Terms and Condition for Lifeline Customers</b>	(complete attached worksheet)		<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**  
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<b>&lt;2000&gt;</b>	(check to indicate certification)	
<b>&lt;2005&gt;</b>	(complete attached worksheet)	

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<b>&lt;3000&gt;</b>	(check to indicate certification)	
<b>&lt;3005&gt;</b>	(complete attached worksheet)	





**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

FCC Form 481  
 OMB Control No. 3060-0986  
 OMB Control No. 3060-0819  
 July 2013

<010> Study Area Code 509012  
 <015> Study Area Name Nexus Communications, Inc.  
 <020> Program Year 2012  
 <030> Contact Name - Person USAC should contact regarding this data Steven Fenker, President  
 <035> Contact Telephone Number - Number of person identified in data line <030> (740) 549 - 1092  
 <039> Contact Email Address - Email Address of person identified in data line <030> sfenker1@earthlink.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans **Please see link below.**  
 Name of attached document (.pdf)

<1220> Link to Public Website HTTP <http://www.reachoutmobile.com/terms>

Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

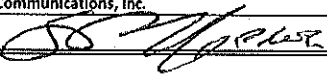
- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

Certification - Reporting Carrier  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986  
OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	509012
<015>	Study Area Name	Nexus Communications, Inc.
<020>	Program Year	2012
<030>	Contact Name - Person USAC should contact regarding this data	Steven Fenker, President
<035>	Contact Telephone Number - Number of person identified in data line <030>	(740) 549 - 1092
<039>	Contact Email Address - Email Address of person identified in data line <030>	sfenker1@earthlink.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier: Nexus Communications, Inc.		
Signature of Authorized Officer:		Date: 10/15/2013
Printed name of Authorized Officer: Steven Fenker		
Title or position of Authorized Officer: President		
Telephone number of Authorized Officer: (740) 549 - 1092		
Study Area Code of Reporting Carrier: 509012	Filing Due Date for this form:	10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		