

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Kansas

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

419017, 419013

Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.

ETC Name(s)

NEXUS COMMUNICATIONS INC.

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SMF*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on DCF SNAP/TANF prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SMF*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

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Deadline: January 31st (Annually)

Nevada

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

559009

Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.

ETC Name(s)

NEXUS COMMUNICATIONS INC.

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: *All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).*

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SNT*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SNT*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

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Alabama

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

259909

Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.

ETC Name(s)

NEXUS COMMUNICATIONS INC.

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

ATSI Home Phone

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial *ST**

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial *ST**

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

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Arkansas

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

409006, 409008

Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.

ETC Name(s)

Holding Company Name(s)

NEXUS COMMUNICATIONS INC.

DBA, Marketing or Other Branding Name(s)

*ReachOut Wireless/
TSI Home Plan*

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: *All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).*

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SF*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SF*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

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California

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

549010

Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.

ETC Name(s)

NEXUS COMMUNICATIONS INC. / *ReachOut Wireless*

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SFX

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

CONFIDENTIAL

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Section 2 / Section 3

Nexus only provides service as a Lifeline reseller in this State and therefore, does not file for Lifeline subsidies under Study Area Code listed below. For this reason, it has not provided any subscriber counts in Sections 2 or 3 of this form, but is nevertheless filing a 555 so that USAC and the FCC may account for the status of this SAC.

Approved by OMB
3060-0819

FCC Form 555
November 2012

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Florida

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

219907
Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.
ETC Name(s)

Holding Company Name(s)

NEXUS COMMUNICATIONS INC. / TSI Home Phone
DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SFX

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SFX

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

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Georgia
State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

229012
Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.
ETC Name(s)

Holding Company Name(s)

NEXUS COMMUNICATIONS INC. / *Reach Out Wireless*
DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial *SFX*

[Empty box for specific SAC(s)]

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial *SFX*

[Empty box for specific SAC(s)]

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

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Iowa
State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

359129
Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.
ETC Name(s)

Holding Company Name(s)

NEXUS COMMUNICATIONS INC. *Reach Out Wireless*
DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: ALL ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial *SF**

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial *SF**

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Illinois

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

349019, 349015

Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.

ETC Name(s)

NEXUS COMMUNICATIONS INC.

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

*ReachOut Wireless/
TSI Home Phone*

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SF*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SF*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

CONFIDENTIAL

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Deadline: January 31st (Annually)

Indiana

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

329019

Study Area Code(s) (SAC)

Nexus Communications, Inc.

ETC Name(s)

Reachout Wireless

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: *All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).*

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** SF*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** SF*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

CONFIDENTIAL

FCC Form 555

Section 2 / Section 3

Nexus only provides service as a Lifeline reseller in this State and therefore, does not file for Lifeline subsidies under Study Area Code listed below. For this reason, it has not provided any subscriber counts in Sections 2 or 3 of this form, but is nevertheless filing a 555 so that USAC and the FCC may account for the status of this SAC.

Approved by OMB
3060-0819

FCC Form 555
November 2012

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Deadline: January 31st (Annually)

Kentucky

State
(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

269012

Study Area Code(s) (SAC)

Nexus Communications, Inc.

ETC Name(s)

Reachout Wireless

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
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Section 1: *All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).*

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SE*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SE*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

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Deadline: January 31st (Annually)

Louisiana

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

279020, 279022

Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.

ETC Name(s)

NEXUS COMMUNICATIONS INC. / ReachOut Wireless /

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s) TSI Home Phon

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SF*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SF*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

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Deadline: January 31st (Annually)

Maryland

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

189007
Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.
ETC Name(s)

Holding Company Name(s)

NEXUS COMMUNICATIONS INC. *ReachOut Wireless*
DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial *SFX*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial *SFX*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

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Maine

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

109009

Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.

ETC Name(s)

NEXUS COMMUNICATIONS INC.

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

ReachOut Wireless

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: *All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).*

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SPX

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SPX

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

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Deadline: January 31st (Annually)

Michigan

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

319020, 319014

Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.

ETC Name(s)

NEXUS COMMUNICATIONS INC.

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Reach Out Wireless / TSI Home Phone

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: ALL ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SFX

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SFX

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

CONFIDENTIAL

FCC Form 555

Section 2 / Section 3

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Missouri

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

429009

Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.

ETC Name(s)

NEXUS COMMUNICATIONS INC.

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Reach Out Wireless

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: ALL ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial *SPK*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial *SPK*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

CONFIDENTIAL

FCC Form 555

Section 2 / Section 3

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Mississippi

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

289027, 289019

Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.

ETC Name(s)

NEXUS COMMUNICATIONS INC.

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

*ReachOut Wireless/
TSI Home Phon*

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SF

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SF

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

CONFIDENTIAL

FCC Form 555

Section 2 / Section 3

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

North Carolina

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

239013

Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.

ETC Name(s)

NEXUS COMMUNICATIONS INC.

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: ALL ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SF*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SF*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

CONFIDENTIAL

FCC Form 555

Section 2 / Section 3

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

New Jersey _____
State

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

169002 _____
Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC. _____
ETC Name(s)

_____ Holding Company Name(s)

NEXUS COMMUNICATIONS INC. / ReachOut Wireless
DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary) _____

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SFX

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SFX

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

CONFIDENTIAL

FCC Form 555

Section 2 / Section 3

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Ohio

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

309006

Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.

ETC Name(s)

NEXUS COMMUNICATIONS INC.

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

ReachOut Wireless

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SFX

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SFX

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

CONFIDENTIAL

FCC Form 555

Section 2 / Section 3

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Oklahoma

State
(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

439055 Study Area Code(s) (SAC) Nexus Communications, Inc.
ETC Name(s)

_____ Holding Company Name(s) Reachout Wireless
DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

CONFIDENTIAL

FCC Form 555

Section 2 / Section 3

Approved by OMB
3060-0819

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Oklahoma

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

439018

Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.

ETC Name(s)

NEXUS COMMUNICATIONS INC. *TSI Home Phone*

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial *SP **

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial *SP **

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

CONFIDENTIAL

FCC Form 555

Section 2 / Section 3

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Rhode Island

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

589004

Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.

ETC Name(s)

NEXUS COMMUNICATIONS INC.

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

ReachOut Wireless

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SF*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SF*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

CONFIDENTIAL

FCC Form 555

Section 2 / Section 3

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

South Carolina _____ Type of Service Land Line
State _____

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

249007 _____ NEXUS COMMUNICATIONS INC.
Study Area Code(s) (SAC) ETC Name(s)

_____ NEXUS COMMUNICATIONS INC. ATSI Home Phone
Holding Company Name(s) DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SF*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SF*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

CONFIDENTIAL

FCC Form 555

Section 2 / Section 3

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Tennessee

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

299014

Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.

ETC Name(s)

NEXUS COMMUNICATIONS INC. / TSI Home Phone

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SPX

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SPX

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

CONFIDENTIAL

FCC Form 555

Section 2 / Section 3

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Texas

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

449038

Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.

ETC Name(s)

NEXUS COMMUNICATIONS INC. / TSI Home Phone

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: ALL ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial STX

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on Solex prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial STX

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

CONFIDENTIAL

FCC Form 555

Section 2 / Section 3

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Wisconsin

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

339026, 339922

Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.

ETC Name(s)

NEXUS COMMUNICATIONS INC.

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

*ReachOut Wireless/
TSI Home Phone*

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SF*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on CARES / D.R. TAX CREDIT prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SF*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

CONFIDENTIAL

FCC Form 555

Section 2 / Section 3

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

West Virginia

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

209014

Study Area Code(s) (SAC)

NEXUS COMMUNICATIONS INC.

ETC Name(s)

NEXUS COMMUNICATIONS INC.

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

ReachOut Wireless

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial *SFX*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial *SFX*

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

CONFIDENTIAL

FCC Form 555

Section 2 / Section 3