

BY ECFS – PUBLIC VERSION

January 31, 2014

Ms. Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Washington, DC 20554

**Re: WC Docket 11-42
Public Version FCC Form 555 Filings of Nexus Communications, Inc.**

Dear Ms. Dortch:

Please find attached the public versions of the FCC Form 555 filings of Nexus Communications, Inc. for data year 2013.

Please contact me if you have any questions about these filings.

Sincerely,



Danielle Frappier
James W. Tomlinson

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

ALABAMA

State

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

259909

NEXUS COMMUNICATIONS, INC.

Study Area Code(s) (SAC)

ETC Name(s)

NONE

TSI and TSI TELEPHONE COMPANY

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	NONE
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Provide a list of all ETCs that are affiliated with the reporting ETC. Affiliation shall be determined in accordance with section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

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Section 1: All ETCs MUST COMPLETE SECTION 1- Initial Certification

I certify that the company listed above has certification procedures in place either to:

A) Review income and program-based eligibility documentation prior to enrolling a consumer 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 or

B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

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

CONFIDENTIAL – NOT FOR PUBLIC INSPECTION

FCC Form 555

Sections 2, 3 and 4

Signed,



Signature of Officer

STEVEN FENKER

Printed Name of Officer

PRESIDENT

Title of Officer

1/27/2014

Date

STEVEN FENKER

Person Completing this Certification Form

740-549-1092

Contact Phone Number

ETC Identification

SAC	ETC Name

Holding Company Name(s)

SAC	Holding Company Name

DBA, Marketing or Other Branding Name(s)

SAC	Name

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ARIZONA

State

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459020

NEXUS COMMUNICATIONS, INC

Study Area Code(s) (SAC)

ETC Name(s)

NONE

REACHOUT WIRELESS

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	NONE
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Section 2: All ETCs MUST COMPLETE SECTION 2– Annual Recertification

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
0	0	0

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

- A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.
Initial

D	E	F =D-E	G	H = (F+G)	I
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0	0	0

AND/OR

In the space below, 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 or the Universal Service Administrative Company (USAC), and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

- B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on _____ . Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0

OR

- C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

Section 3: ALL ETCS MUST COMPLETE SECTION 3 – De-enroll percentage
What is the percentage of subscribers de-enrolled for this ETC?

M	N	O	P = N + O	Q = ((P + M) * 100)
Number of Subscribers Claimed on February FCC Form(s) 497 <i>(From Column A)</i>	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility <i>(From Column H)</i>	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility <i>(From Column K)</i>	Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled	Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497
0	0	0	0	0

Section 4: ALL ETCS MUST COMPLETE APPROPRIATE CHECK BOX; PRE-PAID ETCS MUST COMPLETE ALL OF SECTION 4

Is the ETC Pre-Paid?

Yes No *(A Pre-Paid ETC does not assess or collect a monthly fee from its Lifeline subscribers)*

If yes, record the number of subscribers de-enrolled for non-usage by month in column S below.

Non-Usage Results Applicable to Pre-Paid ETCS:

R	S
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0

Signature Block: ALL ETCS MUST COMPLETE SIGNATURE FIELDS

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Signed,


Signature of Officer

STEVEN FENKER
Printed Name of Officer

PRESIDENT
Title of Officer

1/27/2014
Date

STEVEN FENKER
Person Completing this Certification Form

740-549-1092
Contact Phone Number

ETC Identification

SAC	ETC Name

Holding Company Name(s)

SAC	Holding Company Name

DBA, Marketing or Other Branding Name(s)

SAC	Name

Annual Lifeline Eligible Telecommunications Carrier Certification Form

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Deadline: January 31st (Annually)

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)

NONE

Holding Company Name(s)

NEXUS COMMUNICATIONS, INC.

ETC Name(s)

SEE LIST ON PAGE 4

DBA, Marketing or Other Branding Name(s)

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

NONE

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CONFIDENTIAL – NOT FOR PUBLIC INSPECTION

FCC Form 555

Sections 2, 3 and 4

Signed,



Signature of Officer
PRESIDENT
 Title of Officer
STEVEN FENKER
 Person Completing this Certification Form

STEVEN FENKER
 Printed Name of Officer
 1/27/2014
 Date
 740-549-1092
 Contact Phone Number

ETC Identification

SAC	ETC Name

Holding Company Name(s)

SAC	Holding Company Name

DBA, Marketing or Other Branding Name(s)

SAC	Name
409006	REACHOUT WIRELESS
409008	TSI and TSI TELEPHONE COMPANY

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CALIFORNIA

State <i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).</i>	
549010	NEXUS COMMUNICATIONS, INC
Study Area Code(s) (SAC)	ETC Name(s)
NONE	REACHOUT WIRELESS
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	NONE
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CONFIDENTIAL – NOT FOR PUBLIC INSPECTION

FCC Form 555

Sections 2, 3 and 4

Signed,

Signature of Officer

STEVEN FENKER

Printed Name of Officer

PRESIDENT

Title of Officer

1/27/2014

Date

STEVEN FENKER

Person Completing this Certification Form

740-549-1092

Contact Phone Number

ETC Identification

SAC	ETC Name

Holding Company Name(s)

SAC	Holding Company Name

DBA, Marketing or Other Branding Name(s)

SAC	Name

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COLORADO

State

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469021

NEXUS COMMUNICATIONS, INC

Study Area Code(s) (SAC)

ETC Name(s)

NONE

REACHOUT WIRELESS

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	NONE
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FCC Form 555

Sections 2, 3 and 4

Signed,



Signature of Officer

STEVEN FENKER

Printed Name of Officer

PRESIDENT

Title of Officer

1/27/2014

Date

STEVEN FENKER

Person Completing this Certification Form

740-549-1092

Contact Phone Number

ETC Identification

SAC	ETC Name

Holding Company Name(s)

SAC	Holding Company Name

DBA, Marketing or Other Branding Name(s)

SAC	Name

Nexus only provides service as a Lifeline reseller in this State and therefore, does not file for Lifeline subsidies under the 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 the SAC.

Approved by OMB
3060-0819

FCC Form 555
December 2013

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FLORIDA

State

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219907

NEXUS COMMUNICATIONS, INC

Study Area Code(s) (SAC)

ETC Name(s)

NONE

TSI and TSI TELEPHONE COMPANY

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	NONE
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FCC Form 555

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PRESIDENT
Title of Officer

1/27/2014
Date

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GEORGIA

State

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229012

NEXUS COMMUNICATIONS, INC

Study Area Code(s) (SAC)

ETC Name(s)

NONE

REACHOUT WIRELESS

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	NONE
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Printed Name of Officer

PRESIDENT

Title of Officer

1/27/2014

Date

STEVEN FENKER

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Contact Phone Number

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IDAHO

State

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479017

NEXUS COMMUNICATIONS, INC

Study Area Code(s) (SAC)

ETC Name(s)

NONE

REACHOUT WIRELESS

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	NONE
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FCC Form 555

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PRESIDENT

Title of Officer

1/27/2014

Date

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ILLINIOS

State

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349019 349015

NEXUS COMMUNICATIONS, INC

Study Area Code(s) (SAC)

ETC Name(s)

NONE

SEE LIST ON PAGE 4

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DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	NONE
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Title of Officer

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Date

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Contact Phone Number

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Holding Company Name(s)

SAC	Holding Company Name

DBA, Marketing or Other Branding Name(s)

SAC	Name
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349015	TSI and TSI TELEPHONE COMPANY