Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 April 2014

<010>	Study Area Code	259909
<015>	Study Area Name	**Nexus Communications, Inc.**
<020>	Program Year	**2013**
<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: Pres. Date: **06/26/2014**

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: 259909 Filing Due Date for this form: 7/1/2014

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.