

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB 3060-0986 OMB 3060-0819 Avg. Burden Estimate per Respondent: 20 Hours
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<010> Study Area Code	279022
<015> Study Area Name	Nexus Communications, Inc.
<020> Program Year	2015 (data year 2013)
<030> Contact Name: Person USAC should contact with questions about this data	Steven Fenker, President
<035> Contact Telephone Number: Number of the person identified in data line <030>	(740) 549 - 1092
<039> Contact Email: Email of the person identified in data line <030>	sfenker1@earthlink.net

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<210> <input type="checkbox"/> n/a <-- check box if no outages to report			<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<410> Fixed	<input type="checkbox"/> n/a		<input type="checkbox"/>
<420> Mobile	<input type="checkbox"/> n/a		<input type="checkbox"/>
<440> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<450> Fixed	<input type="checkbox"/> n/a		<input type="checkbox"/>
<450> Mobile	<input type="checkbox"/> 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			
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<510> Functionality in Emergency Situations	<i>(attached descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<600> Company Price Offerings (voice)	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<610> Company Price Offerings (broadband)	<i>(attached descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<700> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<710> Tribal Land Offerings (Y/N)?	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<800> Voice Services Rate Comparability	<i>(if yes, complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<900> Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1000> Terms and Condition for Lifeline Customers	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1010> Terms and Condition for Lifeline Customers	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	<i>(if not, check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1110> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<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

<2000>	<i>(check to indicate certification)</i>		
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>		
<3005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>