

Certification - Reporting Carrier
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986
OMB Control No. 3060-0819
April 2014

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|---|----------------------------|
| <010> Study Area Code | 349019 |
| <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:

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|---|---|------------------|
| 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: 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: 349019 | 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. | | |