

Certification - Reporting Carrier
Data Collection Form

FCC Form 481
OMB Control No. 3050-0986
OMB Control No. 3050-0819
April 2014

<010> Study Area Code	419017
<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: 	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: 419017	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.	