



James W. Tomlinson 202.973.4253 tel. jimtomlinson@dwt.com

# Davis Wright Tremaine LLP

#### VIA OVERNIGHT DELIVERY

June 30, 2014

Secretary of the Commission Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850

## Re: Docket No. T30158 140119-TP FCC Form 481 Filing of Nexus Communications, Inc.

Dear Sir/Madam:

In accordance with 47 C.F.R. § 54.422, Nexus Communications, Inc. ("Nexus") hereby files with the Commission a copy of its FCC Form 481 for program year 2015 (data year 2013) for the state of Florida.

Nexus has filed this Form 481 with the Universal Service Administrative Company and the Federal Communications Commission.

Please contact me if you have any questions regarding this filing.

Respectfully submitted,

James W. Tomt

James W. Tomlinson

Cc: Bob Casey (via e-mail: <u>bcasey@psc.state.fl.us</u>) Jim Polk (via e-mail: <u>jpolk@psc.state.fl.us</u>)

RECEIVED FPSC

	m 481 - Carrier Annual Reporting Illection Form		Av	g. Burden Estimate per R	FCC Form 481 OMB 3060-0986 OMB 3060-0815 espondent: 20 Hours
<010>	Study Area Code	219907			
<015>	Study Area Name	Nexus Communications, Inc.	Nexus only pro	ovides service	as a
<020>	Program Year	2015 (data year 2013)	Lifeline reselle	r in this State	and
<030>	Contact Name: Person USAC should contact with questions about this data	Steven Fenker, President	subsidies for ti nevertheless f USAC, the FCC	1 so that	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	(740) 549 - 1092	account for the		A Contractor
<039>	Contact Email: Email of the person identified in data line <030>	sfenker1@earthlink.net			
ANNUA	L REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
				(check box wi	
<100>	Service Quality Improvement Reporting	(complete attached wo	rksheet)		
<200>	Outage Reporting (voice)	(complete attached wo	rksheet)		n/a
<210>		outages to report			
<300>	Unfulfilled Service Requests (voice)				
<310>	Detail on Attempts (voice)	(attach descriptive do	cument)		Range Martin
	Unfulfilled Service Requests (broadband)				2-21 A2-28
<330>	Detail on Attempts (broadband)	(attach descriptive do	cument)		
<400>	Number of Complaints per 1,000 customers (voice)	Where "n/a" is indicated, t	a quartian		n/a
<410>	Fixed n/a	is not applicable to Nexus	le question		
<420>	Mobile n/a	Communications because t	he		
	Number of Complaints per 1,000 customers (broadba				Story Lupyer
<440>	Fixed n/a	for this study area by the st			
<450>	Mobile n/a				
<500>	Service Quality Standards & Consumer Protection Ru	les Compliance (check to indicate cert	fication)		n/a
<510>		(attached descriptive do	cument)		n/a
<600>	Functionality in Emergency Situations	(check to indicate cert	(fication)		n/a
<610>		(attached descriptive do	ocument)		n/a
<700>	Company Price Offerings (voice)	(complete attached wo	orksheet)		
<710>	Company Price Offerings (broadband)	(complete attached we	orksheet)		
	Operating Companies and Affiliates	(complete attached wo	orksheet)		х
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached wa	orksheet)		
<1000>	Voice Services Rate Comparability	(check to indicate cert	ification)		
<1010>		(attach descriptive do	ocument)		
<1100>	Terrestrial Backhaul (Y/N)?	(if not, check to indicate cert	ification)		
<1110>		(complete attached we	orksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached we	orksheet)	anno an	X
	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Worksheet			
	Including Rate-of-Return Carriers affiliated with Price	Cap Local Exchange Carriers			
<2000>		(check to indicate cert			
<2005>		(complete attached w	1.77		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)
<3005>	(complete attached worksheet)

#### (200) Service Outage Reporting (Voice)

**Data Collection Form** 

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

<010>	Study Area Code	219907	
<015>	Study Area Name	Nexus Communications, Inc.	
<020>	Program Year	2015 (data 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>	sfenker@earthlink.net	

<220>

<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
The question	is not applicab	le to Nexus Cor	mmunications,	Inc. because the	e company has bee	n designated an ETC for t	this study area by th	e state commission, no	ot the FCC.		

(800) Operating Companies and Affiliates FCC Form 481 OMB Control No. 3060-0986 Data Collection Form 1 OMB Control No. 3060-0819 April 2014

Study Area Code	219907
Study Area Name	Nexus Communications, Inc.
Program Year	2013
Contact Name - Person USAC should contact regarding this data	Steven Fenker, President
Contact Telephone Number - Number of person identified in data line <030>	(740) 549 - 1092
Contact Email Address - Email Address of person identified in data line <030>	sfenker1@earthlink.net
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data

<810>	Reporting Carrier	Nexus Communications, Inc.	
<811>	Holding Company	None	· · · · · · · · · · · · · · · · · · ·
<812>	Operating Company	None	

<a1></a1>	<a2></a2>	<a3></a3>	
Affiliates	SAC	Doing Business As Company or Brand Designation	
Nexus Communications, Inc. has no affiliates that are either designated as an ETC or provide retail broadband Internet access to end user customers.	219907	Nexus Communications, Inc. does business as a wireline service provider using the name "TSI".	

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(1200) Terms and Condition for Lifeline Customers Lifeline	FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819	
Data Collection Form	April 2014	

<015>	Study Area Name	Nexus Communications, Inc.	
<020>	Program Year	2015 (data 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	

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

#### Please see link below.

х

X

х

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP http://www.tsihomephone.com/termsofuse.html

Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,

<1223> Additional charges for toll calls, and rates for each such plan.

Certification - Reporting Carrier	FC	C Form 481
Data Collection Form	ON	1B Control No. 3060-0986
	ON	1B Control No. 3060-0819
	Ap	ril 2014

<010>	Study Area Code	219907
<015>	Study Area Name	Nexus Communications, Inc.
<020>	Program Year	2015 (data 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: / s / Steven Fenker (see associated PDF for signature) 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: 219907 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.

 Certification - Reporting Carrier
 FCC Form 481

 Data Collection Form
 OMB Control No. 3060-0986

 OMB Control No. 3060-0819
 April 2014

<010>	Study Area Code	219907	
<015>	Study Area Name	Nexus Communications, Inc.	
<020>	Program Year	2013	
	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 responsib recipients; and, to the best of my knowledge, the information rep	ilities include ensuring the accuracy of the annual reportin ported on this form and in any attachments is accurate.	ng requirements for universal service support
Name of Reporting Carrier: Nexus Communications, Inc.		
Signature of Authorized Officer:	les eper.	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: 219907	Filing Due Date for this form:	7/1/2014
Persons willfully making false statements on this form can be punished I	by fine or forfeiture under the Communications Act of 1934, 47 U of the United States Code, 18 U.S.C. § 1001.	ISC §§ 502, 503(b), or fine or imprisonment under Title