



June 29, 2012

To: South Dakota Public Utilities Commission  
500 East Capitol Avenue  
Pierre, SD 57501-5070

RE: Reporting requirements Pursuant to 47 CFR 54.304(d)(1) and 51.917(d)(vii) for Alliance Communications Cooperative, Inc. (Hills-SD SA391405)

To whom it may concern:

Please accept the following information as exhibits pursuant to the above referenced reporting requirements:

The following exhibits are being filed as non-confidential exhibits:

Hills-SD (SA391405) Accuracy of CAF ICC Data Certification  
Hills-SD (SA391405) CAF Certification  
Hills-SD (SA391405) No Duplicative Recovery Certification

The following exhibits are being filed as confidential exhibits:

Hills-SD (SA391405) CAF RoR Carrier Eligible Recovery Data Collection-Exchange-CONFIDENTIAL  
Hills-SD (SA391405) CAF RoR Carrier Eligible Recovery Data Collection-Study Area-CONFIDENTIAL  
Hills-SD (SA391405) 2012 CAF Output and ARC Revenue-CONFIDENTIAL

Please contact me directly at (605)594-8228 if you have any questions regarding the above filed documents.

Respectfully,

A handwritten signature in black ink, appearing to read "Kari J. Flanagan", with a long horizontal line extending to the right.

Kari J. Flanagan  
Accounting Manager

*Speak and you'll be heard.*

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier	Alliance Communications Cooperative, Inc. - SD		
Signature of authorized officer		Date	5-24-2012
Printed name of authorized officer	Don Snyder		
Title or position of authorized officer	General Manager		
Telephone number of authorized officer:	(605) 594-3411 ext.		
Study Area Code of Reporting Carrier	391405	Filing Due Date for this form (mm/dd/yyyy)	06/18/2012

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.

TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Alliance Communications Cooperative, Inc. - SD				
Signature of Authorized Officer				Date	5-24-2012
Printed name of Authorized Officer	Don Snyder				
Title or position of Authorized Officer	General Manager				
Telephone number of Authorized Officer:	(605) 594-3411 ext				
Study Area Code of Reporting Carrier	391405		Filing Due Date for this form (mm/dd/yyyy)	06/18/2012	

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Alliance Communications Cooperative, Inc. - SD	
Signature of authorized officer				Date	5-24-2012
Printed name of authorized officer		Don Snyder			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(605) 594-3411 ext			
Study Area Code of Reporting Carrier	391405	Filing Due Date for this form (m.m/dd/yyyy)	06/18/2012		
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