

RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

Block 1 - Contact Information

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	391642
2	Carrier Study Area Name	alpha characters	ALLIANCE COMM. COOPERATIVE, INC.-BAL TIC
3	Service Provider Identification Number	9 numeric digits	143002232
4	Residential Local Service Charge Effective Date	mm/dd/yy	07/01/14
5	Contact Name	alpha characters	Biever, Linda K
6	Contact Telephone Number (include area code)	9 numeric digits	605-594-8233
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

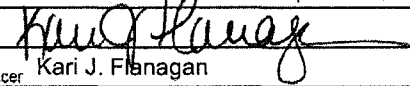
Block 2- Residential Local Service Rates, Fees, and Line Counts

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9	14.00	0.00	0.00	0.00	2,039

Rate Floor Template

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor 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.- Baltic			
Signature of authorized officer 	Date 06/10/2014		
Printed name of authorized officer Kari J. Flanagan			
Title or position of authorized officer CFO			
Telephone number of authorized officer: (605) 594-8228, ext.			
Study Area Code of Reporting Carrier	391642	Filing Due Date for this form (mm/dd/yyyy)	07/01/2014

Rate Floor Data

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

<p>Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</p> <p>I certify that <u>National Exchange Carrier Association (NECA)</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p> <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p>			
Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u>			
Name of Reporting Carrier <u>Alliance Communications Cooperative, Inc.- Baltic</u>			
Signature of authorized officer <u>Kari J. Flanagan</u>			Date <u>06/10/2014</u>
Printed name of authorized officer <u>Kari J. Flanagan</u>			
Title or position of authorized officer <u>CFO</u>			
Telephone number of authorized officer: <u>(605) 594-8228</u> ext. _____			
Study Area Code of Reporting Carrier	<u>391642</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>07/01/2014</u>