RICHARD A CUTLER KENT R. CUTLER BRIAN J. DONAHOE *# STEVEN J. SARBACKER JAYNA M. VOSS MICHAEL D. BORNITZ [‡] TRENT A. SWANSON * RYAN J. TAYLOR KIMBERLY R. WASSINK MEREDITH A. MOORE NATHAN S. SCHOEN *** **NICHOLE J. MOHNING*** BOBBIL. THURY * DANIEL J. DOYLE ALEX S. HALBACH * **JOSEPH M. DYLLA** ROBERT D. TRZYNKA ERIC E. ERICKSON JOSEPH P. HOGUE

E-FILING

Ms. Patricia Van Gerpen, Executive Director South Dakota Public Utilities Commission State Capitol Building 500 East Capitol Avenue Pierre, SD 57501-5070

> Re: Rate Floor Filings Alliance Communications Cooperative, Inc. – Study Areas 391642; 391405; and 391657 Our File No. 280.01

Dear Ms. Van Gerpen:

Please find enclosed for filing Alliance Communications Cooperative, Inc.'s Rate Floor Data Collection filing. A separate filing has been made for each of Alliance Communications Cooperative, Inc.'s three study areas in the State of South Dakota, as identified below:

1. Rate Floor Filing – Study Area 391657 – Splitrock;

2. Rate Floor Filing – Study Area 391642 – Baltic; and

3. Rate Floor Filing – Study Area 391405 – Hills, South Dakota.

If you have any questions regarding these filings, please feel free to contact me at your convenience at 605-335-4950. Thank you for your assistance in this matter.

Sincerely,

UTLER & DONAHOE, LLP Ryan J. Taylbr For the Firm

RJT:dah cc: Kari Flanagan Cutler & Donahoe, llp

ATTORNEYS AT LAW

Telephone (605) 335-4950 Fax (605) 335-4961 www.cutlerlawfirm.com

December 30, 2014

JEAN BROCKMUELLER, CPA (Inactive) BUSINESS MANAGER

*Also licensed to practice in Minnesota #Also licensed to practice in Iowa *Also licensed to practice in Nebraska *Also licensed to practice in Kansas *Admitted to practice before the United States Tax Court *Also licensed as a Certified Public Accountant (Inactive) TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

Certification of Office	er to Authorize	an Agent to File	Rate Floor Data	on Behalf of Re	porting Carrier
i certify that <u>National Exchan</u> the Information reported on bu- include ensuring the accuracy actual rate floor data provided	ge Carrier Associal shalf of the reporti of the actual rate to the authorized	lion (NECA) ing carrier. I also con fibor data provided agent is accurate.	tly that I am an off to the authorized ag	is foor of the report jent; and, to the b	authorized to submit ng catrier; my responsibilities est of my knowledge, the
l cortify that i sm authorized to the information reported here reported herein is accurate.	submit the inform n based on data p	nation reported on the reported by the reporte	ils form on behalf o ting carrier; and to	f the reporting ca the best of my kn	rrier; that I have provided lowiedge the information
Neme of Authorized Agent National Ex	change Carrier A	ssociation (NECA)			
Name of Reporting Carrier Alliance C	ommunication	s - Splitrock			
Signature of Buthorized officer	WYK	lual			Date 12-04-2014
Printed name of authorized officer Kari	Flanagan	0			
Title or position of suthorized officer Chie	of Financial Of	fficer			
Telephone number of authorized officer:	605) 594-8228	ext.			
Study Area Code of Reporting Carrier	391657	Filing Du (mm/dd/)	a Date for this form yyy)	01/02//2015	

CERTIFICATION-AGENT

- <u>-</u> - -

• •

· •

		RATI	E FLOOR DATA COL	LECTION - OMB Cor	trol Number 30	60-0986	
Block 1	- Contact Information						
ROW #	DATA E	LEMENT	FORMAT REQUES DATA	TED		RESPONSE	
1	Carrier Study Area Code	· · · · · · · · · · · · · · · · · · ·	6 numeric digi	its 391657	,	······································	
2	Carrier Study Area Name		alpha characte		NCE COMM. COO	PERATIVE, INCSPLITRO	СК
3	Service Provider Identifica	ation Number	9 numeric digi	its 143002	2232		
4	Residential Local Servic	e Charge Effective Date	mm/dd/yy	12/01/	14		
5	Contact Name	······································	alpha characte	ers Biever,	Linda		
6	Contact Telephone Numb	er (include area code)	9 numeric digi	ts 605-59	4-8233		······
7	Sheet Number		numeric digit(s)			
8	Total Number of Sheets		numeric digit(s	5)			
			Block 2- Residential L	ocal Service Rates, Fe	es, and Line Cour	nts	
	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Block 2- Residential L Column 3 State Universal Service Fee	ocal Service Rates, Fe Column 4 Manditory Extended Area Service Charge	Column 5 Loops	Column 6 Exchange Name/ Zone Name	Column 7 Class Of Service
9	Residential Local Service Charge 16.00	Column 2 State Subscriber	Column 3 State Universal	Column 4 Manditory Extended Area	Column 5	Column 6 Exchange Name/ Zone Name E Garretson	1
10	Residential Local Service Charge 16.00 8.00	Column 2 State Subscriber	Column 3 State Universal	Column 4 Manditory Extended Area	Column 5 Loops 66 1	Column 6 Exchange Name/ Zone Name	Class Of Service
	Residential Local Service Charge 16.00	Column 2 State Subscriber	Column 3 State Universal	Column 4 Manditory Extended Area	Column 5 Loops 66	Column 6 Exchange Name/ Zone Name E Garretson	Class Of Service Residential
10	Residential Local Service Charge 16.00 8.00	Column 2 State Subscriber	Column 3 State Universal	Column 4 Manditory Extended Area	Column 5 Loops 66 1	Column 6 Exchange Name/ Zone Name E Garretson E Garretson	Class Of Service Residential Vacation
10 11	Residential Local Service Charge 16.00 8.00 16.00	Column 2 State Subscriber	Column 3 State Universal	Column 4 Manditory Extended Area	Column 5 Loops 66 1 312	Column 6 Exchange Name/ Zone Name E Garretson E Garretson Oldham/Ramona	Class Of Service Residential Vacation Residential
10 11 12	Residential Local Service Charge 16.00 8.00 16.00 8.00	Column 2 State Subscriber	Column 3 State Universal	Column 4 Manditory Extended Area	Column 5 Loops 66 1 312 5	Column 6 Exchange Name/ Zone Name E Garretson E Garretson Oldham/Ramona Oldham/Ramona	Class Of Service Residential Vacation Residential Vacation
10 11 12 13	Residential Local Service Charge 16.00 8.00 16.00 8.00 16.00	Column 2 State Subscriber	Column 3 State Universal	Column 4 Manditory Extended Area	Column 5 Loops 66 1 312 5 3,864	Column 6 Exchange Name/ Zone Name E Garretson E Garretson Oldham/Ramona Oldham/Ramona Brandon	Class Of Service Residential Vacation Residential Vacation Residential
10 11 12 13 14	Residential Local Service Charge 16.00 8.00 16.00 8.00 16.00 8.00 8.00 8.00 8.00	Column 2 State Subscriber	Column 3 State Universal	Column 4 Manditory Extended Area	Column 5 Loops 66 1 312 5 3,864 9	Column 6 Exchange Name/ Zone Name E Garretson E Garretson Oldham/Ramona Oldham/Ramona Brandon Brandon	Class Of Service Residential Vacation Residential Vacation Residential Vacation
10 11 12 13 14 15	Residential Local Service Charge 16.00 8.00 16.00 8.00 16.00 8.00 16.00 8.00 16.00 16.00 16.00 16.00 16.00 16.00	Column 2 State Subscriber	Column 3 State Universal	Column 4 Manditory Extended Area	Column 5 Loops 66 1 312 5 3,864 9 880	Column 6 Exchange Name/ Zone Name E Garretson E Garretson Oldham/Ramona Oldham/Ramona Brandon Brandon Garretson	Class Of Service Residential Vacation Residential Vacation Residential Vacation Residential Residential

Rate Floor Template

Certification	n of Officer as to	the Accuracy of the Data Reported	for the Rate FI	oor Data
		; my responsibilities include ensuring the formation reported on this form is accura		ictual rate floor data
Name of Reporting Carrier Alliance	Communication	s - Splitrock		
Signature of authorized officer	ILCrif	augh		Date 12-04-2014
and a second	i Flanegan	0		
	nief Financial O	fficer		
Tille or position of authorized officer Ch	lier manual O			
The of position of addition200 onices	(605) 594-8228			

l certify that <u>National Exch</u> the information reported on include ensuring the accura actual rate floor data provide	nge Carrier Associa behalf of the repor by of the sciual rat d to the authorized	e an Agent to File Rate Floor Data alon (NECA) ting carrier. Talso certily that I am an off e floor data provided to the authorized as d agent is accurate. mation reported on this form on behalf o provided by the reporting carrier; and to	ls icer of the report gent; and, to the t	authorized to submit ing carrier; my responsibilities lost of my knowledge, the
	Exchange Carrier / Communicatio	Association (NECA)		
ignature of authorized officer	UV H(Flanagan	ucf		Date 12-04-2014
ille or position of authorized officer Ch	ief Financial C (605), 594-822			
elephone number of authorized officer:	391642	Filing Due Date for this form	01/02//2015	

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

CERTIFICATION-AGENT

• •

		RATE	E FLOOR DATA COL	LECTION - C	OMB Cont	trol Number 306	0-0986	
Block 1 -	Contact Information							
ROW #	DATA EL	EMENT	FORMAT REQUES DATA	TED			RESPONSE	nie brutter (<u>) in die der solarie der die die die die die die die die die die</u>
1	Carrier Study Area Code		6 numeric digi	its	391642			
2	Carrier Study Area Name		alpha characte		ALLIAN	CE COMM. COO	PERATIVE, INCBALTIC	
3	Service Provider Identifica	tion Number	9 numeric digi	its	143002	232		
4	Residential Local Service	e Charge Effective Date	mm/dd/yy		12/01/1	4		
5	Contact Name		alpha characte	ers	Biever,	Linda		
6	Contact Telephone Number	er (include area code)	9 numeric digi	its	605-594	1-8233	· · · · · · · · · · · · · · · · · · ·	
	Sheet Number		numeric digit(s	s)				
7								
8	Total Number of Sheets		numeric digit(s Block 2- Residential L		Rates, Fee	s, and Line Cour	Its	
	Total Number of Sheets Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge			nn 4 itory d Area	s, and Line Cour Column 5 Loops	ts Column 6 Exchange Name/ Zone Name	Column 7 Class Of Service
	Column 1 Residential Local	Column 2 State Subscriber	Block 2- Residential L Column 3 State Universal	ocal Service f Colum Mandit Extended	nn 4 itory d Area	Column 5	Column 6 Exchange Name/	
8	Column 1 Residential Local Service Charge	Column 2 State Subscriber	Block 2- Residential L Column 3 State Universal	ocal Service f Colum Mandit Extended	nn 4 itory d Area	Column 5 Loops	Column 6 Exchange Name/ Zone Name	Class Of Service
8	Column 1 Residential Local Service Charge 16.00	Column 2 State Subscriber	Block 2- Residential L Column 3 State Universal	ocal Service f Colum Mandit Extended	nn 4 itory d Area	Column 5 Loops 573	Column 6 Exchange Name/ Zone Name Baltic	Class Of Service Residential
8 9 10	Column 1 Residential Local Service Charge 16.00 16.00	Column 2 State Subscriber	Block 2- Residential L Column 3 State Universal	ocal Service f Colum Mandit Extended	nn 4 itory d Area	Column 5 Loops 573 746	Column 6 Exchange Name/ Zone Name Baltic Crooks	Class Of Service Residential Residential
8 9 10 11	Column 1 Residential Local Service Charge 16.00 16.00 8.00	Column 2 State Subscriber	Block 2- Residential L Column 3 State Universal	ocal Service f Colum Mandit Extended	nn 4 itory d Area	Column 5 Loops 573 746 2	Column 6 Exchange Name/ Zone Name Baltic Crooks Crooks	Class Of Service Residential Residential Vacation
8 9 10 11 12	Column 1 Residential Local Service Charge 16.00 16.00 8.00 16.00	Column 2 State Subscriber	Block 2- Residential L Column 3 State Universal	ocal Service f Colum Mandit Extended	nn 4 itory d Area	Column 5 Loops 573 746 2 544	Column 6 Exchange Name/ Zone Name Baltic Crooks Crooks Alcester	Class Of Service Residential Residential Vacation Residential
8 9 10 11 12 13	Column 1 Residential Local Service Charge 16.00 16.00 8.00 16.00 8.00	Column 2 State Subscriber	Block 2- Residential L Column 3 State Universal	ocal Service f Colum Mandit Extended	nn 4 itory d Area	Column 5 Loops 573 746 2 544 2	Column 6 Exchange Name/ Zone Name Baltic Crooks Crooks Alcester Alcester	Class Of Service Residential Residential Vacation Residential Vacation

Rete Floor Template

Certification of Officer as	to the Accuracy of the Data Reported	d for the Rate Fl	oor Data
l certify that I am an officer of the reporting carr reported ; and, to the best of my knowledge, the			ictual rate floor data
Name of Reporting Carrier Alliance Communicati	pns-Baltic		
Signature of authorized officer KUULA K	Wet		Date 12-04-2014
Printed name of authorized officer Kari Flanagan	0, ,		
Tille or position of authorized officer Chief Financial	Officer		
(005) 504 80	228		
Telephone number of authorized officer: (605), 594-82			

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

Certification of Officer to Authorize an Agent to File Rate Floor Data I certify that <u>National Exchange Carrier Association (NECA)</u>		• •
I certify that <u>National Exchange Carrier Association (NECA)</u> the information reported on behalf of the reporting carrier. I also certify that I am an off include ensuring the accuracy of the actual rate floor data provided to the authorized ac actual rate floor data provided to the authorized agent is accurate.	cer of the report jent; and, to the b	ng carrier; my responsibilities lest of my knowledge, the
I certify that I am authorized to submit the information reported on this form on behalf o the information reported herein based on data provided by the reporting carrier; and to reported herein is accurate.	f the reporting ca the best of my kn	rrier; that I have provided lowledge the information
Name of Authorized Agent National Exchange Carrier Association (NECA)		
Name of Reporting Carrier Alliance Communicationer HillsSD		
Signature of authorized afficer KUUSA HOULOG		Date 12-04-2014
Printed name of authorized officer Karl Flanagah		
Title or position of authorized officer Chief Financial Officer		
Telephone number of authorized afficer: (605) 594-8228 ext.		
Filing Due Date for this form	01/02//2015	

2

•

CERTIFICATION-AGENT

• •

		RATE	FLOOR DATA COL	LECTION - OMB Co	ntrol Number 30	60-0986	
Block 1 -	Contact Information						
ROW #	DATA E	LEMENT	FORMAT REQUES DATA	TED		RESPONSE	un de la companya de
1	Carrier Study Area Code		6 numeric digi	its 39140	5		
2	Carrier Study Area Name		alpha charact		NCE COMM. COC	PERATIVE, INCHILLS SD	
3	Service Provider Identific	ation Number	9 numeric digi	its	· · · · · · · · · · · · · · · · · · ·		
4	Residential Local Service	ce Charge Effective Date	mm/dd/yy	12/01	/14		
5	Contact Name	<u>,</u>	alpha charact	ers Bieve	r, Linda		
6	Contact Telephone Numb	ber (include area code)	9 numeric digi	its 605-5	94-8233		
7	Sheet Number		numeric digit(s)			
8	Total Number of Sheets		numeric digit(s)			
			Block 2- Residential L	ocal Service Rates, F	ees, and Line Cou	nts	
	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Manditory Extended Area Service Charge	Column 5 Loops	Column 6 Exchange Name/ Zone Name	Column 7 Class Of Service
9	16.00				29	E Valley Springs	Residential
10	16.00				1	N Larchwood	Residential
11	16.00				389	Valley Springs	Residential

. . .

,

.

.

,

Rate Floor Templete

Certificatio	n of Officer as to t	the Accuracy of the Data Reported	for the Rate Fl	oor Data
		my responsibilities include ensuring the ormation reported on this form is accurat		iclual rate fluor data
	Communication	MilleSD		
Name of Reporting Center Alliance	Communications			
	VULX -	taual		Date 12-04-2014
Signature of authorized officer	i Flanagan	lang		Date 12-04-2014
Signature of authorized officer	TUCY !	lang	······	Raio 12-04-2014
Signature of sulhorized officer Printed name of authorized officer Kar	i Flanagan	ficer		Date 12-04-2014