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June 20, 2016

VIA ELECTRONIC FILING

Ms. Patricia Van Gerpen, Executive Director
South Dakota Public Utilities Commission
Capitol Building, 1st Floor
500 East Capitol Avenue
Pierre, SD 57501-5070

Re: CAF ICC Data Filings – Alliance Communications Cooperative, Inc.
Study Area 391642
Our File: 280.01

Dear Ms. Van Gerpen:

This letter and the attachments are being filed to certify that Alliance Communication Cooperative, Inc. ("Alliance") has met the reporting requirements of 47 CFR § 54.304 and other FCC rules (including, but not limited to, 47 CFR § 51.917) and related requirements in the Federal Communications Commission's November 18, 2011 USF.ICC Reform Transformation Order.

The company certifies in this filing that it is eligible to receive, and has elected to receive CAF/ICC recover; however, the company is not seeking duplicative recovery.

Please note that certain of the items included in this filing are confidential. Please treat them accordingly.

If you have any questions regarding this filing, please feel free to contact me at your convenience at 605-335-4950.

Sincerely,

CUTLER LAW FIRM, LLP

Ryan J. Taylor
For the Firm

RJT:dah
Attachments
cc: Kari Flanagan

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-BALTIC

Signature of Authorized Officer or employee: **Kari Flanagan** Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-baltic,l=Garretson SD 57030, Date:5/16/2016

Date: 5/16/2016

Printed name of Authorized Officer or employee: Kari Flanagan

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 605-594-8228

Study Area Code of Reporting Carrier	391642		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

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-BALTIC

Signature of Authorized Officer: **Kari Flanagan**

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-baltic,l=Garretson SD 57030, Date:5/16/2016

Date: 5/16/2016

Printed name of Authorized Officer: Kari Flanagan

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 605-594-8228

Study Area Code of Reporting Carrier	391642		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

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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, the 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-BALTIC

Kari Flanagan

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-baltic,l=Garretson SD 57030, Date:5/16/2016

Signature of Authorized Officer or employee:

Date: 5/16/2016

Printed name of Authorized Officer or employee: Kari Flanagan

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 605-594-8228

Study Area Code of Reporting Carrier	391642		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

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

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier

I certify that (Name of Agent) National Exchange Carriers Association, Inc. **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 data provided to the Authorized Agent; and, to the best of my knwoledge, the actual data provided to the Authorized Agent is accurate.**

Name of Authorized Agent :	National Exchange Carriers Association, Inc.
Name of Reporting Carrier:	ALLIANCE-BALTIC
Signature of Authorized Officer:	**Kari Flanagan** Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-baltic,l=Garretson SD 57030, Date:5/16/2016 — Date: 5/16/2016
Printed name of Authorized Officer:	Kari Flanagan
Title or position of Authorized Officer:	CFO
Telephone number of authorized officer:	605-594-8228

Study Area Code of Reporting Carrier	391642		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

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.