KENT R. CUTLER STEVEN J. SARBACKER MICHAEL D. BORNITZ \$ TRENT A. SWANSON \* RYAN J. TAYLOR ° KIMBERLY R. WASSINK MEREDITH A. MOORE NATHAN S. SCHOEN \*# NICHOLE I. MOHNING \* DANIEL J. DOYLE ALEX S. HALBACH \* ROBERT D. TRZYNKA FRIC F FRICKSON **JOSEPH P. HOGUE** IONATHAN A. HEBER BRENDAN F. PONS ERIK K. NYBERG

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June 12, 2017

RICHARD A. CUTLER RETIRED / OF COUNSEL

JEAN BROCKMUELLER, CPA (Inactive)
BUSINESS MANAGER

\*Also licensed to practice in Minnesota #Also licensed to practice in lowa ‡Also licensed to practice in Nebraska \*Also licensed to practice in Kansas °Also licensed as a Certified

Public Accountant (Inactive)

## **VIA ELECTRONIC FILING**

Ms. Patricia Van Gerpen, Executive Director South Dakota Public Utilities Commission Capitol Building, 1<sup>st</sup> 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 eight attachments are as follows:

- 1. Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery;
- 2. Certification of Officer as to the Accuracy of the CAF ICC Data Reported:
- 3. Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery;
- 4. Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier;
- 5. Summary of CAF ICC Post True-up;
- 6. Access Recovery Charges Post True-up;
- 7. Revised CAF/ICC Support with Imputed Access Recovery Charge Revenue for Broadband-Only Lines;
- 8. Historic Intrastate Rates and Demand Data (TRP).

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 Recov CAF ICC support requested pursuant to §51.917		ccess Recover	y Charge §51.917(e) and is	eligible to receive the			
				_			
Name of Reporting Carrier: ALLIANG	CE-BALTIC						
	Kari Flanagan			Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-baltic,I=Gar			
retson SD 57030, Date:5/23/2017 Signature of Authorized Officer or employee:				Date: 5/23/201	7		
				2			
Printed name of Authorized Officer or employee: Kari Flanagan							
·							
Title or position of Authorized Officer or employee: CFO							
Telephone number of Authorized Officer or en	nployee: 60	05-594-8228	3				
Study Area Code of Reporting Carrier	391642		ng Due Date for this m (mm/dd/yyyy)	6/16/2017	The second secon		
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.						
	CE-BALTIC	Digitally signed by Kari Fla	-			
Kari Flanagan Signature of Authorized Officer:			Flanagan,email=karif@alliance.coop,0=alliance-baltic,l=G arretson SD 57030, Date:5/23/2017			
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)	6/16/2017			
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 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: ALLIAN	CE-BALTIC					
	Kari Flanagan	Flanagan,email=karif@all	Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,0=alliance-baltic,I=Gar retson SD 57030, Date:5/23/2017			
Signature of Authorized Officer or employee:			Date: 5/23/2017			
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)	6/16/2017			
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, 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	National Exchange Carriers Association, Inc.				
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 :	Name of Authorized Agent : National Exchange Carriers Association, Inc.					
Name of Reporting Carrier:	ALLIANCE-BALTIC					
	Kari Flanagan	Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-baltic,I=Garre		ice.coop, O=alliance-baltic, I=Garre		
Signature of Authorized Officer:			tson SD 57030, Date:5/23/20	tson SD 57030, Date:5/23/2017		7
		_				
Printed name of Authorized Officer:	;	Kari Flana	gan			
Title or position of Authorized Office	er:	CFO				
Telephone number of authorized of	fficer:	605-594-	-8228			
Study Area Code of Reporting Carr	rier 391642		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017		
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.						