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June 12, 2018

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VIA ELECTRONIC FILING

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

> Re: CAF-ICC Data Filings – Alliance Communications Cooperative, Inc. Study Area 391642 Our File No. 280.01

Dear Ms. Van Gerpen:

This letter and the accompanying attachments are being filed to certify that Alliance Communications Cooperative, Inc. ("Alliance") has met the reporting requirements of 47 CFR § 54.304 and other applicable 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. There are nine attachments to this letter which are as follows:

- 1.) Certification of Officer for Rate-of-Return Carrier Eligibility for CAF ICC Recovery (Alliance Baltic 391642);
- 2.) Certification of Officer as to the Accuracy of the CAF ICC Data Reported (Alliance Baltic 391642);
- 3.) Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery (Alliance Baltic 391642);
- 4.) Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier (Alliance Baltic 391642);
- 5.) CONFIDENTIAL EXHIBIT CAF ICC USAC Report for Alliance Baltic (391642);
- 6.) CONFIDENTIAL EXHIBIT CAF ICC USAC Report Post True-Up CAF ICC Amount (Alliance Baltic 391642);
- CONFIDENTIAL EXHIBIT Access Recovery Charge Report Post True-Up (Alliance – Baltic 391642);
- 8.) CONFIDENTIAL EXHIBIT Revised CAF ICC Support with Imputed ARC Revenue for Broadband Only Lines (Alliance Baltic 391642); and
- 9.) CONFIDENTIAL EXHIBIT Historic Intrastate Rates and Demand Data (TRP) (Alliance Baltic 391642).

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

Please note that Exhibits 5-9 to this filing are marked as 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/rw Attachments cc: Ross Petrick, Kari Flanagan, & Linda Biever

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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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 COMM. COOPERATIVE, INCBALTIC								
Kari Flanagan			Digitally signed by Kari Fla Flanagan,email=karif@allia	nagan DN:cn=Kari ance.coop.O=alliance comm.				
Signature of Authorized Officer or employee:			cooperative, incbaltic,I=G Date:5/16/2018	cooperative, incbaltic,I=Garretson SD 57030, Date:5/16/2018 Date: 5/16/201				
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	ARGENERAL STREET	iling Due Date for this orm (mm/dd/yyyy)	6/18/2018				
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: ALLIAN	NCE COMM. CC	OPERATI	VE, INCBALTIC					
Kari Flanagan			Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm.					
Signature of Authorized Officer:			cooperative, incbaltic, Date:5/16/2018	Date: 5/16/2018				
Printed name of Authorized Officer:	Kari Flanaga	an						
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)	6/18/2018				
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: ALLIANCE COMM. COOPERATIVE, INCBALTIC							
	Kari Flanagan			Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm.			
Signature of Authorized Officer or employee:			cooperative, incbattic,I=Garretson SD 57030, Date:5/16/2018 Date: 5/16/201			5/16/2018	
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		Due Date for this mm/dd/yyyy)	6/18/2018			
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)N	me of Agent) 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 : N	ational Exchange Ca	arriers Association,	, Inc.			
Name of Reporting Carrier: ALLIANCE COMM. COOPERATIVE, INCBALTIC						
Digitally signed by Kari Flanagan DN:cn=Kari Kari Flanagan Flanagan,email=karif@alliance.coop.O=alliance comm.						
Signature of Authorized Officer:			cooperative, incbaltic,I=Garretson SD 57030, Date: 5/16/201. Date:5/16/2018			
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		Due Date for this (mm/dd/yyyy)	6/18/2018		
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.						

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