#### 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 COMM. COOPERATIVE, INC.-HILLS SD Digitally signed by Kari Flanagan DN:cn=Kari Kari Flanagan Flanagan, email=karif@alliance.coop, O=alliance comm. cooperative, inc.-hills sd,I=Garretson SD 57030, Signature of Authorized Officer or employee: Date: 5/22/2019 Date:5/22/2019 Printed name of Authorized Officer or employee: Kari Flanagan Title or position of Authorized Officer or employee: CFO 605-594-8228 Telephone number of Authorized Officer or employee: Filing Due Date for this Study Area Code of Reporting Carrier 391405 6/17/2019 form (mm/dd/yyyy) 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 car and, to the best of my knowledge, the informat			ig the accuracy of the a	actual data reported;					
Name of Reporting Carrier:  ALLIANCE COMM. COOPERATIVE, INCHILLS SD  Digitally signed by Kari Flanagan DN:cn=Kari									
Kari Flanagan Signature of Authorized Officer:			Flanagan,email=ka	Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inchills sd,l=Garretson SD 57030,		5/22/2019			
Printed name of Authorized Officer:	Kari Flanagan	n							
Title or position of Authorized Officer:	CFO								
Telephone number of Authorized Officer:	605-594-8228	3							
Study Area Code of Reporting Carrier	391405	A SECTION OF THE PROPERTY OF T	Due Date for this mm/dd/yyyy)	6/17/2019					
, ,		-	-	under the Communications Act of 1 ates Code, 18 U.S.C. § 1001.	934,				

#### 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, INC.-HILLS SD Digitally signed by Kari Flanagan DN:cn=Kari Kari Flanagan Flanagan, email=karif@alliance.coop, O=alliance comm. cooperative, inc.-hills sd,I=Garretson SD 57030, Date: 5/22/2019 Signature of Authorized Officer or employee: Date:5/22/2019 Kari Flanagan Printed name of Authorized Officer or employee: Title or position of Authorized Officer or employee: CFO 605-594-8228 Telephone number of Authorized Officer or employee: Filing Due Date for this 391405 6/17/2019 Study Area Code of Reporting Carrier form (mm/dd/yyyy) 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 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.										
Agent is accurate.										
Name of Authorized Agent :	ame of Authorized Agent : National Exchange Carriers Association, Inc.									
Name of Reporting Carrier:	ALLIANCE COMM. COOPERATIVE, INCHILLS SD									
Kari Flanagan			Flanagan, email=karif@alliance, cooperative, inchills sd,I=Garre	Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inchills sd,I=Garretson SD 57030,						
Signature of Authorized Officer:	4.		Date:5/22/2019							
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 Carri	ier 39	1405	Filing Due Date for this form (mm/dd/yyyy)	6/17/2019						
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.										