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 COMM. COOPERATIVE, INC.-BALTIC Digitally signed by Kari Flanagan DN:cn=Kari Kari Flanagan Flanagan,email=karif@alliance.coop,O=alliance.comm. cooperative, Inc.-baltic,I=Garretson SD 57030, Date: 5/19/2020 Signature of Authorized Officer: Date:5/19/2020 Printed name of Authorized Officer: Kari Flanagan CFO Title or position of Authorized Officer: 605-594-8228 Telephone number of Authorized Officer: Filing Due Date for this 6/16/2020 Study Area Code of Reporting Carrier 391642 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.										
Name of Authorized Agent:	National Exchange Carriers Association, Inc.									
Name of Reporting Carrier:	ALLIANCE COMM. COOPERATIVE, INCBALTIC									
Signature of Authorized Officer:	Kari Flanagan		Flanagan.email=karif@alli	Digitally signed by Kari Flanagan DN:cn=Kari Flanagan.email=karii@aliiance.coop,O=aliiance comm. cooperative, incbaltic,I=Gerretson SD 57030, Date:5/19/2020						
Printed name of Authorized Officer:		Kari Flanag	gan							
Title or position of Authorized Office	er:	CFO								
Telephone number of authorized of	ficer:	605-594-8	3228							
Study Area Code of Reporting Carr	ier 391642		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020						
Persons willfully making false statements on this form can be punished by fine or forfelture 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 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). ALLIANCE COMM. COOPERATIVE, INC.-BALTIC Name of Reporting Carrier: Digitally signed by Kari Flanagan DN:cn=Kari Karl Flanagan Flanagan,email=karif@alliance.coop,O=alllance.comm. cooperative, inc.-baltic,I=Garrelson SD 57030, Signature of Authorized Officer or employee: 5/19/2020 Date: Date:5/19/2020 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 391642 6/16/2020 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 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		Flanagan,email=karif@alli cooperative, incbaltic,l=G	Digitally signed by Kari Flanagan DN:cn=Kari Flanagan.email=karif@alliance.coop,0=alliance.comm. cooperative, incballic,I=Garretson SD 57030,		0.100.00					
Signature of Authorized Officer or employee:	Date:5/19/2020	Date: 5/19/2020 Date: 5/19/2020									
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)	6/16/2020							
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.											