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: ALLIA		DPERATIVE, INC					
Kari Flanagan Signature of Authorized Officer:			Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=kari@alliance.coop.O=alliance comm. cooperative, incsplittock,I=Garrelson SD 57030, Date:5/19/2020			5/19/2020	
Printed name of Authorized Officer:	Kari Flanagar	١					
Title or position of Authorized Officer:	CFO						
Telephone number of Authorized Officer: 605-594-8228							
Study Area Code of Reporting Carrier	391657	Elemente de la companya de	e Date for this n/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.							

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 (hame 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 accurate:								
Name of Authorized Agent : Na	itional Exchange Ca	rriers Asso	ciation, Inc.					
Name of Reporting Carrier: AL	LIANCE COMM, CO	DOPERATI	VE, INCSPLITROCK					
Kari Flanagan Signature of Authorized Officer:			Flanagan,email=karlf@ailla	Digitally signed by Kari Flanagan DN:on=Kari Flanagan.email=kari@aillance.coop,O=alliance comm. cooperative, incsplitrock.l=Garretson SD 57030, Data:5/19/2020			5/19/2020	
Printed name of Authorized Officer:		Kari Flana	gan					
Title or positicn of Authorized Officer:		CFO						
Telephone number of authorized officer	:	605-594-	8228					
Study Area Code of Reporting Carrier	391657		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020				
			punished by fine or forfeiture und under Title 18 of the United States		ct of 1934,			

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, INCSPLITROCK								
Kari Flanagan Signature of Authorized Officer or employee:			Flanagan,email=karif@allia	Digitally signed by Kari Flanagan Div:cn=Kari Flanagan,email=kari(@alliance.ccop,C=alliance.comm. ccoperative, incsplitrock,I=Garretson SD 57030, Date:5/19/2020				
Printed name of Authorized Officer or employ	ee:	Kari Flana	gan					
Title or position of Authorized Officer or empl	oyee:	CFO						
Telephone number of Authorized Officer or employee: 605-594-8228								
Study Area Code of Reporting Carrier	391657		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020				
, ,			e punished by fine or forfeiture un under Title 18 of the United State:		of 1934,			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery								
l 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 COMM. CO	DOPERATI	VE, INCSPLITROCK_					
	Kari Flanagan			Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.ccop,O=alliance comm.				
Signature of Authorized Officer or employee:			cooperative, incsplitrock,l Date:5/19/2020	cooperative, incsplitrock,I=Garretson SD 57030, Date:5/19/2020 Date: 5/				
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	391657		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.								