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.-BALTIC Digitally signed by Karl Hanagan Dition=Kan Kari Flanagan Flanagan,email=karti@alilance.coop.C=alilance.comm. cooperative, inc.-ballic, =Garretson SD 57030, Date:5/20/2021 Signature of Authorized Officer or employee: Date: 5/20/2021 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 Filing Due Date for this form Study Area Code of Reporting Carrier 391642 6/16/2021 (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 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 Divich=Kari Kari Flanagan Flanzgun email-karif@olliance.coop.0 rolliance comm. cooperative, inc.-baltic,i=Garretson SD 57930, 5/20/2021 Date:6/28/2021 Signature of Authorized Officer: Printed name of Authorized Officer: Kari Flanagan Title or position of Authorized Officer: CFO Telephone number of Authorized Officer: 605-594-8228 Filing Due Date for this form Study Area Code of Reporting Carrier 391642 6/16/2021 (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).										
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New APACACA AND AND AND COMPANION OF THE PACACACACACACACACACACACACACACACACACACAC										
Name of Reporting Carrier: ALLIANCE COMM. COOPERATIVE, INCBALTIC Digitally signed by Karl Flumegan DN:cn=Ken										
	Kari Flanagan			Flanagen omzil-kerlt@afilance.coop.O=afilance comm. cooperative, incbaitic,I=Garretson SD 57930						
Signature of Authorized Officer or employee:			Date:5/20/2021							
The state of the s										
Printed name of Authorized Officer or employee: Kari Flanagan										
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										
			Filing Due Date for this form							
Study Area Code of Reporting Carrier	391642		(mm/dd/yyyy)	6/16/2021						
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. 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 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, emailekarif@alkance	Digitally signed by Karl Flamson DN:cn=Karl Flamsgan, amali-karlf@alkanca.coop.C=alliance comm. cooperadva, incoaktc,l=Garretsen SD 57930, Date:5/29/2021					
Printed name of Authorized Officer: Kari Flanagan										
Title or position of Authorized Officer: CFO										
Telephone number of authorized off	icer:		605-594-8	3228						
Study Area Code of Reporting Carri	er 3:	91642		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021					
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. § 1801.										