TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

		and the second s			
Certificati	on of Officer fo	r Rate-of-Re	turn Carrier Eligibility for CAF/IC	C Recovery	
I certify that I am an officer of the reporting carri has complied with Eligible Recovery §51.917(d) requested pursuant to §51.917(f).	· ·				
Name of Reporting Carrier: ALLIANG	DE COMM. CO	DOPERATI	VE, INCHILLS SD	en e	
	Kari Flanagan		Digitally signed by Ken Flanoga Planagan,email≈karif@allianos.	Digually signed by Kon Flanugan DN:cn=Kon Flanugan emaile-keni@jalliando.coop,O≈alliance comm, cooperative, inchillo ed.l=Garretson SD 57030,	
Signature of Authorized Officer or employee: Date: 5/20/20					Date: 5/20/2021
Printed name of Authorized Officer or employe	e:	Kari Flans	gan		
Title or position of Authorized Officer or emplo	/ee:	CFO		2°	
Telephone number of Authorized Officer or em	ployee:	605-594-	8228		
Study Area Code of Reporting Carrier	391405		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. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Cer	tification of Officer as to	the Accuracy of the CAF ICC Data Re	eported		
I certify that I am an officer of the reporting car	rrier; my responsibilities in	clude ensuring the accuracy of the actual	data reported; and, to the		
best of my knowledge, the information reporte	d on this form is accurate.				
Name of Reporting Carrier: ALLIA	NCE COMM. COOPER	RATIVE, INCHILLS SD			
Kari	Kari Flanagan		Digitally's gned by Karl Flenagan DN:cn=Karl Flenagan,cmad≈karli@elilence.coop.G≈atliance.comm.		
Signature of Authorized Officer:		cooperative, inc.4tills ed.f= Date:5/20/2021	Date: 5/20/2021		
	and the Control of th		Mich beri militara menengangangan seripagan seripagan seripagan seripagan seripagan seripagan seripagan seripag		
Printed name of Authorized Officer:	Kari Flanagan				
Title or position of Authorized Officer:	CFO				
				AMERICAN PROPERTY OF THE PROPE	
Telephone number of Authorized Officer:	605-594-8228				
Telephone number of Authorized Officer.	000-384-6226				
Study Area Code of Reporting Carrier	391405	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. § 1001.					

TO 8E 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, INCHILLS SD						
Kari Flanagan			Flanagar consilekadi@aliano-	Osptatly signed by Keri Flandgen DN.ch=Kori Flandgar.chioli=katili@atlands.coop.O≋atlance commi, cooperativo, inc tile sd.i≕Gorretion 8D 57030, Darett 20/202 i Date		
Signature of Authorized Officer or employee: Sate: \$20/2021 Date: 5/20/2021						
Printed name of Authorized Officer or employee: Karl 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	391405	And Annual Property of the Control o	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. § 1001.						

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certific	ation of Officer to Auth	orize an Ageni	to File Data Reported on Behalf	of Reporting Carrier	milliodistatististististe eter casi izappota mengerenasi zurozoonan, aceeggapi gapiname
i certify that (Name of Agent) the reporting carrier. I also certify th provided to the Authorized Agent; ar	at rain an onicer of the re	porung camer; i		the accuracy of the data	behalf of
Name of Authorized Agent :	National Exchange	Carriers Asso	ciation, Inc.		
Name of Reporting Carrier:	ALLIANCE COMM.	COOPERATI			
Signature of Authorized Officer:	Kari Flanagan		Digitally signed by Ken Flanagan DN:cn=Ken Flanagan email=Kenf@alikancu.cocp.O=alilanba.coc h. cooperative, inchills sd i=Gerrelson SD 57030. Date: 5/20		
Printed name of Authorized Officer:		Kari Flana	gan		
Title or position of Authorized Office	er:	CFO		Power and control to the control to	
Telephone number of authorized of	ficer:	605-594-	8228		
Study Area Code of Reporting Carr	ier 391405	* And the second state of	Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
		•	ished by fine or forfeiture under the G or Title 18 of the United States Code,		934, 47 U.S.C.