TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certificat	ion of Officer fo	r Rate-of-Ret	turn Carrier Eligibility for CAF/IC	C Recovery	and the second s		
I certify that I am an officer of the reporting carr has complied with Eligible Recovery §51.917(d) requested pursuant to §51.917(f).							
Name of Reporting Carrier: ALLIAN	CE COMM. CO	OOPERATIN	/E, INCSPLITROCK				
Kari Flanagan gnature of Authorized Officer or employee:			Flanagan,omail≐karit@attance.	Digitally signed by Kari Flanagae DN:cn=Kan Flanagan,omail=kortiĝalilance.cop.0=allance.comm. copperative, inc-soluteca.l=Garraisen SD 57033. Date:5/20/2021			
Printed name of Authorized Officer or employ	e:	Kari Flanaç	gan				
Title or position of Authorized Officer or emplo	yee:	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)	6/16/2021			
			shed by fine or forfeiture under the C r Title 18 of the United States Code, 1		34, 47 U.S.C.		

TO BE COMPLETED BY THE REPORTING CARRIER.

Cert	ification of Offic	cer as to the	Accuracy of the CAF ICC Data R	eported			
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: ALLIAN	ICE COMM. CI	OOPERATI	VE, INCSPLITROCK				
Karl Flanagan Signature of Authorized Officer:			Digitally signed by Kori Ff Flanagamenoli=karifiga*i cooperative, incspilirook Date:5/20/2021	Date: 5/20/2021			
Printed name of Authorized Officer:	Kari Flanag	(an					
Title or position of Authorized Officer:	CFO						
Telephone number of Authorized Officer:	605-594-82	:28					
Study Area Code of Reporting Carrier	391657		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 AN OFFICER OF THE REPORTING CARRIER

Certification	on of Officer for	Rate-of-Ret	turn Carrier Not Seeking Duplicat	ive 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: ALLIAN	CE COMM. CO	DOPERATI	VE, INCSPLITROCK				
Signature of Authorized Officer or employee:	Kari Flanagan nature of Authorized Officer or employee:			Digitally signed by Kan Flanugan DN:on=Kan Flanagar, umad=karti@alliancc.coop.O=alliancc.comm. cooperative, Incspittock.I=Garresson SD 57039, Dato:5/29/2021			
Printed name of Authorized Officer or employs	ee:	Kari Flana	gan				
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)	6/16/2021			
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 Exch	nange Car	riers Assoc	siation, Inc.			
Name of Reporting Carrier:	ie of Reporting Carrier: ALLIANCE COMM. COOPERATIVE, INCSPLITROCK						
Signature of Authorized Officer:	Digitally signed by Karl Flanagan DN:on=Kan Karl Flanagan Flonagar, omad=kerligaElarce,coep,0=alfance comm, cooperative, incsplitrock,i=Garetson SD 57039, Date 5/29/2021			Date: 5/	/20/2021		
Printed name of Authorized Officer:	OPPORT OF BEING AND	2	Kari Flanaç	gan			
Title or position of Authorized Office	∍r:		OFO .				
Telephone number of authorized of	ficer:	AND THE PROPERTY OF THE PROPER	605-594-8	3228			
Study Area Code of Reporting Carr	ier (391657		Filing Due Date for this for (mm/dd/yyyy)	m 6/16/2021		
-			-	shed by fine or forfeiture under Title 18 of the United States	er the Communications Act of 19 Code, 18 U.S.C. § 1001.	934, 47 U.S.C.	2000 (1800) 40 TO STATE OF THE