### TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certificat	ion of Officer for Rate-of-R	eturn Carrier Eligibility for CAF/IC	CC Recovery		
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, COOPERAT				
Kari Flanagan		Flanagan,email=karif@alliance	Digitally signed by Kari Flanagen DN:en=Kari Flanagen,email=kari@alliance.coop.O=alliance.comm. cooperative, incbeltic.l=Garretson SD 57030. Date:5117/2022		
Printed name of Authorized Officer or employe	ee: Kari Flana	igan			
Title or position of Authorized Officer or emplo	yee: CFO	Normal Market and the Company of the	المائي ويوافعون والمائية والم		
Telephone number of Authorized Officer or em	ployee: 605-594-	-8228			
Study Area Code of Reporting Carrier	391642	Filing Due Date for this form (mm/dd/yyyy)	6/16/2022		
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 Offic	er as to the	Accuracy of the CAF	ICC Data Re	ported		
I certify that I am an officer of the reporting car best of my knowledge, the information reporte			e ensuring the accuracy o	of the actual d	ata reported; and, to the		
Name of Reporting Carrier: ALLIAN	ICE COMM. CO	DOPERATI	IVE, INCBALTIC				
Kari Flanagan Signature of Authorized Officer:		Fianagan,e cooperative	Digitally signed by Kari Flanagan DN:on=Kari Flanagan,email=karif@altiance.coop.O=altiance.comm. cooperative. incbaitic,t=Garretson SD 57030, Date:5/17/2022			5/17/2022	
Printed name of Authorized Officer:	Kari Flanaga	an					
Title or position of Authorized Officer:	CFO						
Telephone number of Authorized Officer:	605-594-822	28					·
Study Area Code of Reporting Carrier	391642		Filing Due Date for the (mm/dd/yyyy)	nis form	6/16/2022		
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, INC.-BALTIC Digitally signed by Kari Flanagan DN:cn=Karl Kari Flanagan Flanagan,email=karif@alilance.coop.O=alilance.comm. cooperative, inc.-baltic,t=Garretson SD 57030. Date:5/17/2022 Signature of Authorized Officer or employee: Date: 5/17/2022 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 6/16/2022 (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. 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 Ca	arriers Association,	Inc.					
Name of Reporting Carrier:	ALLIANCE COMM. C	OOPERATIVE, INC						
Signature of Authorized Officer:	Kari Flanagan		Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,emali=karif@aliiance.coop.O=alliance.comm. cooperative, incbaltic,l=Gerretson SD 57030, Date:6/17/2022  Date: 5/1					
Printed name of Authorized Officer:		Kari Flanagan						
Title or position of Authorized Office	r:	CFO						
Telephone number of authorized off	icer:	605-594-8228						
Study Area Code of Reporting Carri	er 391642		Due Date for this form ld/yyyy)	6/16/2022				
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.								