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

Cartification of Officer for Pote of Poture Carrier Elizability for CAF/ICC D.							
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 complled 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: ALLIAN	ICE-SPLITROC	K					
Kari Flanagan Signature of Authorized Officer or employee:			Flanagan,email=karif@alliano	Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inchills ia,I=Garretson SD 57030, Date:5/23/2024			
Printed name of Authorized Officer or employe	ee:	Kari Flanag	gan				
Title or position of Authorized Officer or emplo	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)	6/17/2024			
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.

Ceri	ification of Officer	r as to the	Accuracy of the CAF ICC Data R	eported	e de la companya de l	era menggunu digunun yang pengunun beras dinad ngalikun dibad
I certify that I am an officer of the reporting car best of my knowledge, the information reported			e ensuring the accuracy of the actual	data reported; and, to the		
Name of Reporting Carrier: ALLIAN	ICE-SPLITROCK	<				
Kari Flanagan Signature of Authorized Officer:			Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inchills ia,l=Garretson SD 57030, Date:5/23/2024			5/23/2024
Printed name of Authorized Officer:	Kari Flanagar	า๋				
Title or position of Authorized Officer:	CFO				·	
Telephone number of Authorized Officer:	605-594-8228	3				
Study Area Code of Reporting Carrier	391657		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024		
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#### 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-SPLITROCK Digitally signed by Karl Flanagan DN:cn=Karl Kari Flanagan Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills ia,I=Garretson SD 57030, Signature of Authorized Officer or employee: Date:5/23/2024 Date: 5/23/2024 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 391657 6/17/2024 (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 Associati	on, Inc.				
Name of Reporting Carrier:	ALLIANCE-SPLITROC	CK					
Signature of Authorized Officer:	Kari Flanagan		Flanagan,email=karif@allianc	Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O≔alliance comm. cooperative, inchills ia,I=Garretson SD 57030, Date:5/23/2024			
Printed name of Authorized Officer:		Kari Flanagan					
Title or position of Authorized Officer: CFO							
Telephone number of authorized officer: 605-594-8228							
Study Area Code of Reporting Carrie	er 391657		ing Due Date for this form m/dd/yyyy)	6/17/2024			
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.							