

June 9, 2025

FROM THE DESK OF  
RYAN J. TAYLOR

**VIA ELECTRONIC FILING**

Ms. Patricia Van Gerpen, Executive Director  
South Dakota Public Utilities Commission  
Capitol Building, First Floor  
500 East Capitol Avenue  
Pierre, SD 57501-5070

CUTLER LAW FIRM, LLP  
140 N Phillips Avenue  
4<sup>th</sup> Floor  
Sioux Falls, SD 57104  
(605) 335-4950 main  
(605) 335-4989 direct  
(605) 335-4961 fax

Re: CAF-ICC Data Filings – Alliance Communications Cooperative, Inc.  
Study Area 391657  
Our File No. 280.01

Dear Ms. Van Gerpen:

This letter and the accompanying attachments are being filed to certify that Alliance Communications Cooperative, Inc. (“Alliance”) has met the reporting requirements of 47 CFR § 54.304 and other applicable FCC rules (including, but not limited to, 47 CFR § 51.917) and related requirements in the Federal Communications Commission. This filing pertains to Alliance’s Study Area 391657. There are five attachments to this letter which are as follows:

- 1.) Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery (Alliance – Splitrock 391657);
- 2.) Certification of Officer as to the Accuracy of the CAF/ICC Data Reported (Alliance – Splitrock 391657);
- 3.) Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery (Alliance – Splitrock 391657);
- 4.) Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier (Alliance – Splitrock 391657);
- 5.) CONFIDENTIAL EXHIBIT – CAF ICC USAC/FCC Report for Alliance – Splitrock (391657);

The company certifies in this filing that it is eligible to receive and has elected to received CAF/ICC recovery; however, the company is not seeking duplicative recovery.

Please note that Exhibit 5 to this filing is marked as confidential. Please treat this exhibit accordingly.

If you have any questions regarding this filing, please feel free to contact me at your convenience at (605) 335-4950.

Sincerely,

CUTLER LAW FIRM, LLP



Ryan J. Taylor  
For the Firm

RJT/kmh

Attachments

cc: Ross Petrick, Kari Flanagan, & Larry Hettinger

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-SPLITROCK**

Signature of authorized officer or employee: **Kari Flanagan**

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-splitrock,l=Garretson SD 57030, Date:5/28/2025

Date: **5/28/2025**

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**

Study Area Code of Reporting Carrier:

**391657**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2025**

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-SPLITROCK**

Signature of authorized officer: **Kari Flanagan**

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-splitrock,I=Garretson SD 57030, Date:5/28/2025

Date: **5/28/2025**

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 Carrier:

**391657**

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### 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**

Signature of authorized officer or employee: **Kari Flanagan**

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-splitrock,l=Garretson SD 57030, Date:5/28/2025

Date: **5/28/2025**

Printed name of authorized officer or employee: **Kari Flanagan**

Title or position of authorized officer or employee: **CFO**

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Study Area Code of Reporting Carrier:

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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 Carrier Association, Inc. (NECA) 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 knowledge, the actual data provided to the Authorized Agent is accurate.

Name of Authorized Agent: National Exchange Carrier Association, Inc.

Name of Reporting Carrier: ALLIANCE-SPLITROCK

Signature of authorized officer: Kari Flanagan

Digitally signed by Kari Flanagan DN:cn=Kari  
Flanagan, email=karif@alliance.coop, O=alliance-splitrock, I=Garretson  
SD 57030, Date:5/28/2025

Date: 5/28/2025

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 Carrier:

391657

Filing Due Date for this  
form (mm/dd/yyyy)

6/16/2025

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