

June 3, 2026

VIA ELECTRONIC FILING

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

FROM THE DESK OF
RYAN J. TAYLOR

CUTLER LAW FIRM, LLP
140 N Phillips Avenue
4th 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 391405
Our File No. 280.01

Dear Ms. Mohr:

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 391405. 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 – Hills 391405);
- 2.) Certification of Officer as to the Accuracy of the CAF/ICC Data Reported (Alliance – Hills 391405);
- 3.) Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery (Alliance – Hills 391405);
- 4.) Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier (Alliance – Hills 391405);
- 5.) CONFIDENTIAL EXHIBIT – CAF ICC USAC/FCC Report for Alliance – Hills (391405);

The company certifies in this filing that it is eligible to receive and has elected to receive 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 & Larry Hettinger

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 COMM. COOPERATIVE, INC.-HILLS SD**

Signature of authorized officer or employee: **Jennifer Oehme**

Digitally signed by Jennifer Oehme DN:cn=Jennifer Oehme,email=jennifero@alliance.coop,O=alliance comm. cooperative, inc.-hills sd,|, Date:5/20/2026

Date: **5/20/2026**

Printed name of authorized officer or employee: **Jennifer Oehme**

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

Telephone number of authorized officer or employee: **605-582-6311**

Study Area Code of Reporting Carrier:

391405

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

6/16/2026

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 COMM. COOPERATIVE, INC.-HILLS SD**

Signature of authorized officer: **Jennifer Oehme**

Digitally signed by Jennifer Oehme DN:cn=Jennifer Oehme,email=jennifero@alliance.coop,O=alliance comm. cooperative, inc.-hills sd,l= , Date:5/20/2026

Date: **5/20/2026**

Printed name of authorized officer: **Jennifer Oehme**

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

Telephone number of authorized officer: **605-582-6311**

Study Area Code of Reporting Carrier:

391405

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

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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 COMM. COOPERATIVE, INC.-HILLS SD**

Signature of authorized officer or employee: **Jennifer Oehme**

Digitally signed by Jennifer Oehme DN:cn=Jennifer Oehme,email=jennifero@alliance.coop,O=alliance comm. cooperative, inc.-hills sd,l= , Date:5/20/2026

Date: **5/20/2026**

Printed name of authorized officer or employee: **Jennifer Oehme**

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

Telephone number of authorized officer or employee: **605-582-6311**

Study Area Code of Reporting Carrier:

391405

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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 COMM. COOPERATIVE, INC.-HILLS SD

Signature of authorized officer: Jennifer Oehme

Digitally signed by Jennifer Oehme DN:cn=Jennifer Oehme,email=jennifer@alliance.coop,O=alliance comm. cooperative, inc.-hills sd, Date:5/20/2026

Date: 5/20/2026

Printed name of authorized officer: Jennifer Oehme

Title or position of authorized officer: CFO

Telephone number of authorized officer: 605-582-6311

Study Area Code of Reporting Carrier:

391405

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

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