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December 30, 2014

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BUSINESS MANAGER

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#Also licensed to practice

in Iowa

‡Also licensed to practice

in Nebraska

*Also licensed to practice

in Kansas

†Admitted to practice before the

United States Tax Court

°Also licensed as a Certified
Public Accountant (Inactive)

E-FILING

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

Re: Rate Floor Filings Alliance Communications Cooperative, Inc. –
Study Areas 391642; 391405; and 391657
Our File No. 280.01

Dear Ms. Van Gerpen:


Please find enclosed for filing Alliance Communications Cooperative, Inc.'s Rate Floor Data Collection filing. A separate filing has been made for each of Alliance Communications Cooperative, Inc.'s three study areas in the State of South Dakota, as identified below:

1. Rate Floor Filing – Study Area 391657 – Splitrock;
2. Rate Floor Filing – Study Area 391642 – Baltic; and
3. Rate Floor Filing – Study Area 391405 – Hills, South Dakota.

If you have any questions regarding these filings, please feel free to contact me at your convenience at 605-335-4950. Thank you for your assistance in this matter.

Sincerely,

CUTLER & DONAHOE, LLP


Ryan J. Taylor
For the Firm

RJT:dah
cc: Kari Flanagan

Rate Floor Data

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

<p>Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</p> <p>I certify that <u>National Exchange Carrier Association (NECA)</u> 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 actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p> <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p>			
Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u>			
Name of Reporting Carrier <u>Alliance Communications - Splitrock</u>			
Signature of authorized officer <u><i>Kari Flanagan</i></u>			Date <u>12-04-2014</u>
Printed name of authorized officer <u>Kari Flanagan</u>			
Title or position of authorized officer <u>Chief Financial Officer</u>			
Telephone number of authorized officer: <u>(605) 594-8228</u> ext.			
Study Area Code of Reporting Carrier	<u>391657</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>01/02/2015</u>

CERTIFICATION-AGENT

RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

Block 1 - Contact Information

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	391657
2	Carrier Study Area Name	alpha characters	ALLIANCE COMM. COOPERATIVE, INC.-SPLITROCK
3	Service Provider Identification Number	9 numeric digits	143002232
4	Residential Local Service Charge Effective Date	mm/dd/yy	12/01/14
5	Contact Name	alpha characters	Biever, Linda
6	Contact Telephone Number (include area code)	9 numeric digits	605-594-8233
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

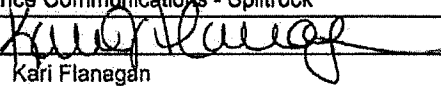
Block 2- Residential Local Service Rates, Fees, and Line Counts

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops	Column 6 Exchange Name/ Zone Name	Column 7 Class Of Service
9	16.00				66	E Garretson	Residential
10	8.00				1	E Garretson	Vacation
11	16.00				312	Oldham/Ramona	Residential
12	8.00				5	Oldham/Ramona	Vacation
13	16.00				3,864	Brandon	Residential
14	8.00				9	Brandon	Vacation
15	16.00				880	Garretson	Residential
16	8.00				5	Garretson	Vacation
17	16.00				697	Howard	Residential
18	8.00				10	Howard	Vacation

Rate Floor Template

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Alliance Communications - Splitrock			
Signature of authorized officer 		Date 12-04-2014	
Printed name of authorized officer Kari Flanagan			
Title or position of authorized officer Chief Financial Officer			
Telephone number of authorized officer: (605) 594-8228 ext.			
Study Area Code of Reporting Carrier	391657	Filing Due Date for this form (mm/dd/yyyy)	01/02/2015

Rate Floor Data

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

<p>Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</p> <p>I certify that <u>National Exchange Carrier Association (NECA)</u> 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 actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p> <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p>			
Name of Authorized Agent: National Exchange Carrier Association (NECA)			
Name of Reporting Carrier: Alliance Communications-Baltic			
Signature of authorized officer: 			Date: 12-04-2014
Printed name of authorized officer: Karl Flanagan			
Title or position of authorized officer: Chief Financial Officer			
Telephone number of authorized officer: (805) 594-8228 ext.			
Study Area Code of Reporting Carrier	391642	Filing Due Date for this form (mm/dd/yyyy)	01/02/2015

CERTIFICATION-AGENT

RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

Block 1 - Contact Information

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	391642
2	Carrier Study Area Name	alpha characters	ALLIANCE COMM. COOPERATIVE, INC.-BAL TIC
3	Service Provider Identification Number	9 numeric digits	143002232
4	Residential Local Service Charge Effective Date	mm/dd/yy	12/01/14
5	Contact Name	alpha characters	Biever, Linda
6	Contact Telephone Number (include area code)	9 numeric digits	605-594-8233
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

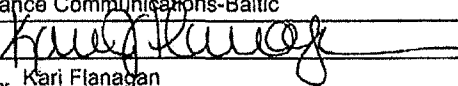

Block 2- Residential Local Service Rates, Fees, and Line Counts

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops	Column 6 Exchange Name/ Zone Name	Column 7 Class Of Service
9	16.00				573	Baltic	Residential
10	16.00				746	Crooks	Residential
11	8.00				2	Crooks	Vacation
12	16.00				544	Alcester	Residential
13	8.00				2	Alcester	Vacation
14	16.00				194	Hudson	Residential
15	8.00				2	Hudson	Vacation
16	16.00				33	E Hudson	Residential

Rate Floor Template

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Alliance Communications-Baltic				
Signature of authorized officer 			Date 12-04-2014	
Printed name of authorized officer Kari Flanagan				
Title or position of authorized officer Chief Financial Officer				
Telephone number of authorized officer: (605) 594-8228, ext.				
Study Area Code of Reporting Carrier		391642		Filing Due Date for this form (mm/dd/yyyy) 01/02/2015

Rate Floor Data

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

<p>Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</p> <p>I certify that <u>National Exchange Carrier Association (NECA)</u> 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 actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p> <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p>			
Name of Authorized Agent: <u>National Exchange Carrier Association (NECA)</u>			
Name of Reporting Carrier: <u>Alliance Communications HillsSD</u>			
Signature of authorized officer: 			Date: <u>12-04-2014</u>
Printed name of authorized officer: <u>Karl Flanagan</u>			
Title or position of authorized officer: <u>Chief Financial Officer</u>			
Telephone number of authorized officer: <u>(605) 594-8228</u> ext. _____			
Study Area Code of Reporting Carrier	<u>39-1405</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>01/02/2015</u>

CERTIFICATION-AGENT

RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

Block 1 - Contact Information

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	391405
2	Carrier Study Area Name	alpha characters	ALLIANCE COMM. COOPERATIVE, INC.-HILLS SD
3	Service Provider Identification Number	9 numeric digits	
4	Residential Local Service Charge Effective Date	mm/dd/yy	12/01/14
5	Contact Name	alpha characters	Biever, Linda
6	Contact Telephone Number (include area code)	9 numeric digits	605-594-8233
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

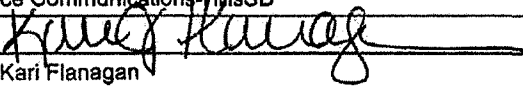
Block 2- Residential Local Service Rates, Fees, and Line Counts

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops	Column 6 Exchange Name/ Zone Name	Column 7 Class Of Service
9	16.00				29	E Valley Springs	Residential
10	16.00				1	N Larchwood	Residential
11	16.00				389	Valley Springs	Residential

Rate Floor Template

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Alliance Communications - NJ/SD			
Signature of authorized officer		Date	12-04-2014
Printed name of authorized officer Kari Flanagan			
Title or position of authorized officer Chief Financial Officer			
Telephone number of authorized officer: (605) 594-8228, ext.			
Study Area Code of Reporting Carrier	391405	Filing Due Date for this form (mm/dd/yyyy)	01/02/2015