

Received & Inspected

JUN 29 2015

FCC Mail Room

**REDACTED – FOR PUBLIC INSPECTION**

June 25, 2015

Ms. Marlene H. Dortch  
Secretary  
Federal Communications Commission  
445 12th Street, S.W.  
Washington, DC 20554

**Re: *In the Matter of ETC Annual Reports and Certifications, Connect America Fund, A National Broadband Plan for Our Future, Establishing Just and Reasonable Rates for Local Exchange Carriers, High-Cost Universal Service Support, Developing a Unified Intercarrier Compensation Regime, Federal-State Joint Board on Universal Service, Lifeline and Link-Up, Universal Service Reform – Mobility Fund, WC Docket Nos. 14-58, 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208***

Dear Ms. Dortch:

On behalf of Alliance Communications Cooperative, Inc. (Hills-SD) (“Alliance”), please find enclosed two copies of Alliance’s FCC Form 481, along with the redacted versions of the Confidential Financial Information.

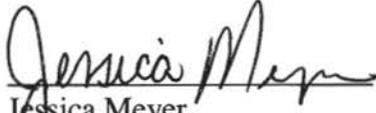
Also enclosed are copies of Alliance’s redacted progress reports on its five-year service quality improvement plan.

One copy of the FCC Form 481, containing Confidential Financial Information is being filed under separate cover.

Please do not hesitate to contact me at (402) 441-4315 if you have any questions regarding this submission.

No. of Copies rec'd \_\_\_\_\_  
List ABCDE \_\_\_\_\_

Respectfully submitted,



Jessica Meyer  
Consultant  
Consortia Consulting, Inc.

Encl.



**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0996/OMB Control No. 3060-0813  
July 2013

|  |                     |                      |
|--|---------------------|----------------------|
| <010> Study Area Code  | 391405              |                      |
| <015> Study Area Name  | HILLS TEL CO-SD     | Received & Inspected |
| <020> Program Year   | 2016                |                      |
| <030> Contact Name: Person USAC should contact with questions about this data      | Kari J. Flanagan    | JUN 29 2015          |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 6055948228 ext.     | FCC Mail Room        |
| <039> Contact Email Address: Email of the person identified in data line <030>     | karif@alliance.coop |                      |

|  |                                      |                                      |
|--|--------------------------------------|--------------------------------------|
| <b>ANNUAL REPORTING FOR ALL CARRIERS</b> | <b>54.313</b><br>Completion Required | <b>54.422</b><br>Completion Required |
|--|--------------------------------------|--------------------------------------|

|  |  |                                     |                                     |
|--|--|-------------------------------------|-------------------------------------|
| <100> Service Quality Improvement Reporting  | (complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <200> Outage Reporting (voice)   | (complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> <input type="checkbox"/> <- check box if no outages to report  |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <300> Unfulfilled Service Requests (voice)   | 0  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <310> Detail on Attempts (voice)   | <div style="border: 1px solid black; height: 40px; width: 100%;"></div><br>(attach descriptive document) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <320> Unfulfilled Service Requests (broadband)   | 0  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <330> Detail on Attempts (broadband)   | <div style="border: 1px solid black; height: 40px; width: 100%;"></div><br>(attach descriptive document) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <400> Number of Complaints per 1,000 customers (voice)   |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410> Fixed  | 0.0  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <420> Mobile   | 0.0  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <430> Number of Complaints per 1,000 customers (broadband)   |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <440> Fixed  | 0.0  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <450> Mobile   | 0.0  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <500> Service Quality Standards & Consumer Protection Rules Compliance   | (check to indicate certification)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> <div style="border: 1px solid black; padding: 2px;">391405SD510.pdf</div>  | (attached descriptive document)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> Functionality in Emergency Situations  | (check to indicate certification)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> <div style="border: 1px solid black; padding: 2px;">391405SD610.pdf</div>  | (attached descriptive document)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice)  | (complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <710> Company Price Offerings (broadband)  | (complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <800> Operating Companies and Affiliates   | (complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>                                    | (if yes, complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1000> Voice Services Rate Comparability Certification   | Yes <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>   | (attach descriptive document)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <1100> Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/> | (if not, check to indicate certification)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1110>   | (complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1200> Terms and Condition for Lifeline Customers  | (complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

|  |                                   |                          |                                     |
|--|-----------------------------------|--------------------------|-------------------------------------|
| <2000> Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers | (check to indicate certification) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <2005>   | (complete attached worksheet)     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

|        |                                   |                                     |                                     |
|--------|-----------------------------------|-------------------------------------|-------------------------------------|
| <3000> | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <3005> | (complete attached worksheet)     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

|   |  |
|---|--|
| <b>(100) Service Quality Improvement Reporting<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|   |                     |
|---|---------------------|
| <010> Study Area Code   | 391405              |
| <015> Study Area Name   | HILLS TEL CO-SD     |
| <020> Program Year  | 2016                |
| <030> Contact Name - Person USAC should contact regarding this data                 | Kari J. Flanagan    |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 6055948228 ext.     |
| <039> Contact Email Address - Email Address of person identified in data line <030> | karif@alliance.coop |

|   |   |
|---|---|
| <110> Has your company received its ETC certification from the FCC?                                       | (yes / no) <input type="radio"/> <input checked="" type="radio"/> |
| If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | (yes / no) <input type="radio"/> <input type="radio"/>            |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

391405sd112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

|  |                |
|--|----------------|
| <113> Maps detailing progress towards meeting plan targets   | Yes            |
| <114> Report how much universal service (USF) support was received   | Yes            |
| <115> How much (USF) was used to improve service quality and how support was used to improve service quality   | Yes            |
| <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage | Yes            |
| <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity | Yes            |
| <118> Provide an explanation of network improvement targets not met in the prior calendar year.                | Not Applicable |

|                |
|----------------|
| Yes            |
| Not Applicable |









|  |  |
|--|--|
| <b>(900) Tribal Lands Reporting<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|--|--|

|       |   |                     |
|-------|---|---------------------|
| <010> | Study Area Code   | 391405              |
| <015> | Study Area Name   | HILLS TEL CO-SD     |
| <020> | Program Year  | 2016                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Kari J. Flanagan    |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6055948228 ext.     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | karif@alliance.coop |

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select<br>Yes or No or<br>Not Applicable |
|--|
|  |
|  |
|  |
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|  |
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|  |

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|   |                     |
|---|---------------------|
| <010> Study Area Code   | 391405              |
| <015> Study Area Name   | HILLS TEL CO-SD     |
| <020> Program Year  | 2016                |
| <030> Contact Name - Person USAC should contact regarding this data                 | Kari J. Flanagan    |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 6055948228 ext.     |
| <039> Contact Email Address - Email Address of person identified in data line <030> | karif@alliance.coop |

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

|  |  |
|--|--|
| <b>(1200) Terms and Condition for Lifeline Customers</b><br>Lifeline<br>Data Collection Form | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|--|--|

|                    |   |                     |
|--------------------|---|---------------------|
| <b>&lt;010&gt;</b> | Study Area Code   | 391405              |
| <b>&lt;015&gt;</b> | Study Area Name   | HILLS TEL CO-SD     |
| <b>&lt;020&gt;</b> | Program Year  | 2016                |
| <b>&lt;030&gt;</b> | Contact Name - Person USAC should contact regarding this data                 | Kari J. Flanagan    |
| <b>&lt;035&gt;</b> | Contact Telephone Number - Number of person identified in data line <030>     | 6055948228 ext.     |
| <b>&lt;039&gt;</b> | Contact Email Address - Email Address of person identified in data line <030> | karif@alliance.coop |

**<1210>** Terms & Conditions of Voice Telephony Lifeline Plans

391405SD1210.docx

Name of Attached Document

**<1220>** Link to Public Website

HTTP <https://www.alliancecom.net/support/forms/lifeline-form>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221>**
 Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222>**
 Details on the number of minutes provided as part of the plan,
- <1223>**
 Additional charges for toll calls, and rates for each such plan.

**(2000) Price Cap Carrier Additional Documentation**  
**Data Collection Form**  
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

|       |   |                                       |
|-------|---|---------------------------------------|
| <010> | Study Area Code   |                                       |
| <015> | Study Area Name   | 391405                                |
| <020> | Program Year  | HILLS TEL CO-SD                       |
| <030> | Contact Name - Person USAC should contact regarding this data                 | 2016                                  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | KARL J. Piansagan                     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | 6095348228 ext.<br>karl@alliance.coop |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}
- <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)iii}
- <2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}
- <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}
- <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}
- <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

**(3000) Rate Of Return Carrier Additional Documentation**  
**Data Collection Form**

FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

|   |                     |
|---|---------------------|
| <010> Study Area Code   | 391405              |
| <015> Study Area Name   | HILLS TEL CO-SD     |
| <020> Program Year  | 2016                |
| <030> Contact Name - Person USAC should contact regarding this data                 | Kari J. Flanagan    |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 6055948228 ext.     |
| <039> Contact Email Address - Email Address of person identified in data line <030> | karif@alliance.coop |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) **Progress Report on 5 Year Plan**  
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

391405sd3010.docx

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

391405sd3012.docx

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  (Yes/No)  
 (3014) If yes, does your company file the RUS annual report  (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)   
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

391405sd3017.pdf

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?  (Yes/No)  
 If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

|  |   |
|--|---|
| (3000) Rate Of Return Carrier Additional Documentation (Continued) | FCC Form 481  |
| Data Collection Form   | OMB Control No. 3060-0985/OMB Control No. 3060-0819 |
|  | July 2013   |

|   |                     |
|---|---------------------|
| <010> Study Area Code   | 391405              |
| <015> Study Area Name   | HILLS TEL CO-SD     |
| <020> Program Year  | 2016                |
| <030> Contact Name - Person USAC should contact regarding this data                 | Kari J. Flanagan    |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 6055948228 ext.     |
| <039> Contact Email Address - Email Address of person identified in data line <030> | karif@alliance.coop |

Financial Data Summary

|   |            |
|---|------------|
| (3027) Revenue                          | [REDACTED] |
| (3028) Operating Expenses               | [REDACTED] |
| (3029) Net Income                       | [REDACTED] |
| (3030) Telephone Plant In Service(TPIS) | [REDACTED] |
| (3031) Total Assets                     | [REDACTED] |
| (3032) Total Debt                       | [REDACTED] |
| (3033) Total Equity                     | [REDACTED] |
| (3034) Dividends                        | [REDACTED] |

|   |  |
|---|--|
| Certification - Reporting Carrier<br>Data Collection Form | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|   |                     |
|---|---------------------|
| <010> Study Area Code   | 391405              |
| <015> Study Area Name   | HILLS TEL CO-SD     |
| <020> Program Year  | 2016                |
| <030> Contact Name - Person USAC should contact regarding this data                 | Kari J. Flanagan    |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 6055948228 ext.     |
| <039> Contact Email Address - Email Address of person identified in data line <030> | karif@alliance.coop |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

|   |   |
|---|---|
| <b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>   |   |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. |   |
| Name of Reporting Carrier:  | HILLS TEL CO-SD   |
| Signature of Authorized Officer:  | CERTIFIED ONLINE <span style="float: right;">Date 06/24/2015</span>                 |
| Printed name of Authorized Officer:   | Kari Flanagan   |
| Title or position of Authorized Officer:  | CFO   |
| Telephone number of Authorized Officer:   | 6055948228 ext.   |
| Study Area Code of Reporting Carrier:   | 391405 <span style="float: right;">Filing Due Date for this form: 07/01/2015</span> |
| <small>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.</small>                                       |   |

|   |  |
|---|--|
| Certification - Agent / Carrier<br>Data Collection Form | FCC Form 481<br>OMB Control No. 3060-0885/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|   |                     |
|---|---------------------|
| <010> Study Area Code   | 391405              |
| <015> Study Area Name   | HILLS TEL CO-SD     |
| <020> Program Year  | 2016                |
| <030> Contact Name - Person USAC should contact regarding this data                 | Kari J. Flanagan    |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 6055948228 ext.     |
| <039> Contact Email Address - Email Address of person identified in data line <030> | karif@alliance.coop |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier  |                                      |
|--|--------------------------------------|
| I certify that (Name of Agent) _____ 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 annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |                                      |
| Name of Authorized Agent: _____  |                                      |
| Name of Reporting Carrier: _____   |                                      |
| Signature of Authorized Officer: _____   | Date: _____                          |
| Printed name of Authorized Officer: _____  |                                      |
| Title or position of Authorized Officer: _____   |                                      |
| Telephone number of Authorized Officer: _____  |                                      |
| Study Area Code of Reporting Carrier: _____  | Filing Due Date for this form: _____ |
| 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 AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier   |                                      |
|--|--------------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. |                                      |
| Name of Reporting Carrier: _____   |                                      |
| Name of Authorized Agent or Employee of Agent: _____   |                                      |
| Signature of Authorized Agent or Employee of Agent: _____  | Date: _____                          |
| Printed name of Authorized Agent or Employee of Agent: _____   |                                      |
| Title or position of Authorized Agent or Employee of Agent: _____  |                                      |
| Telephone number of Authorized Agent or Employee of Agent: _____   |                                      |
| Study Area Code of Reporting Carrier: _____  | Filing Due Date for this form: _____ |
| 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.   |                                      |

## Attachments



**ALLIANCE COMMUNICATIONS COOPERATIVE, INC.**  
**FOR STUDY AREAS 391657, 391642, 391405, 361405, AND 351405 IN SD, IA, MN**

**Certification of Compliance with Applicable Service Quality Standards and  
Consumer Protection Rules for Voice and Broadband Services**

Service quality standards and consumer protection rules for broadband are not as defined as the rules for voice services. The Company complies with any service quality standards and consumer protection rules for broadband that are out there now and any that will be defined in the future.

Service Quality Standards

For voice services, the Company:

- Provides voice grade access to the public switched network.
- Provides flat rated local exchange service with no additional charge to end users.
- Provides access to the emergency services provided by local government or other public safety organizations, such as 911 and enhanced 911.
- Provides toll blocking and toll limitation services.

For voice and broadband services, the Company:

- Advertises the availability of its services and the charges using media of general distribution and/or on its website.
- Maintains a business office providing customers with access to a customer service representative either in person or via a local telephone call or toll-free telephone number during business hours.
- Directs after hour calls to the Company's help desk.
- Directs trouble reports to the on-call technician.
- Tracks all service orders to ensure they are completed in a timely manner.
- Measures its service connection and service interruption performance on a regular basis.
- Trains employees to:
  - Answer all incoming calls promptly.
  - Respond to all inquiries for information promptly and courteously.
  - Investigate thoroughly all customer complaints and handle appropriately according to the Company's guidelines for resolution of customer complaints.
  - Be knowledgeable about products and service offerings so they can assist the customer with selecting the best service option.
- Has a process for periodic inspection, testing and preventive maintenance of its equipment to permit the rendering of safe, adequate and continuous service at all times.
- Meets or exceeds the standards established by the state commission and provides any reports required in accordance with the state commission's rules.

**Consumer Protection Rules**

The Company has established operating procedures designed to facilitate compliance with applicable consumer protection rules which include compliance with the Customer Proprietary Network Information (CPNI) rules. The operating procedures include:

- Appointment of a compliance officer.
- A manual detailing the specific procedures for protecting consumer information.
- Employee training on an annual basis.
- A disciplinary process for improper use of consumer information. If complaints are filed with the Company regarding consumer protection rules, the complaint is immediately investigated, the matter tracked and any corrective action noted. This process ensures that problems are addressed and corrections made.

SAC: 391657, 391642, 351405, 391405

States: IA and SD

Alliance Communications Cooperative, Inc.

Form 481 Line No.: 610 Description of Functionality in Emergency Situations

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Alliance Communications Cooperative, Inc. has:

- Established reasonable provisions' to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, illness of operators or from fire, storm, or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
  - A minimum of four hours of battery service in each central office.
  - A permanently installed power unit in exchanges exceeding 5000 lines.
  - Mobile power units that can be delivered on short notice and which can be readily connected in offices without installed emergency power facilities.
  - All fiber and inter-exchange routes are ringed for voice and data traffic.
  - Switching and transport capacity of the network is able to support an average of 20 customer lines per toll trunk based on the call volume and geographical distance of the area to the nearest metropolitan area. The network is able to handle all call volume with no blocked calls during traffic spikes.
  
- Has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power, in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

State: MN

Alliance Communications Cooperative, Inc.

Form 481 Line No.: 610 Description of Functionality in Emergency Situations

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Alliance Communications Cooperative, Inc. pursuant to MN Rule "7810.399 Emergency Operations" has:

- Established reasonable provisions' to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, illness of operators or from fire, storm, or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
  - A minimum of four hours of battery service in each central office.
  - A permanently installed power unit in exchanges exceeding 5000 lines.
  - Mobile power units that can be delivered on short notice and which can be readily connected in offices without installed emergency power facilities.
  - All fiber and inter-exchange routes are ringed for voice and data traffic.
  - Switching and transport capacity of the network is able to support an average of 20 customer lines per toll trunk based on the call volume and geographical distance of the area to the nearest metropolitan area. The network is able to handle all call volume with no blocked calls during traffic spikes.
- Has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power, in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.



(710) Broadband Price Offerings  
Data Collection Form

FCC Form 491  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|   |                     |
|---|---------------------|
| <010> Study Area Code   | 391405              |
| <015> Study Area Name   | HILLS TRL CO-SD     |
| <020> Program Year  | 2016                |
| <030> Contact Name - Person USAC should contact regarding this data                 | Kari J. Flanagan    |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 6055948228 ext.     |
| <039> Contact Email Address - Email Address of person identified in data line <030> | karif@alliance.coop |

| <a1>  | <a2>                     | <b1>             | <b2>                 | <c>                  | <d1>                                      | <d2>                                    | <d3>                 | <d4>   |
|-------|--------------------------|------------------|----------------------|----------------------|---|---|----------------------|--|
| State | Exchange (ILEC)          | Residential Rate | State Regulated Fees | Total Rates and Fees | Broadband Service - Download Speed (Mbps) | Broadband Service - Upload Speed (Mbps) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached (select) |
| MN    | 507-755 E Valley Springs | 14.95            | 0.0                  | 14.95                | 0.512                                     | 0.256                                   | 999999.0             | Other, No Limit on Usage Allowance                       |
| MN    | 507-755 E Valley Springs | 29.95            | 0.0                  | 29.95                | 3.0                                       | 1.5                                     | 999999.0             | Other, No Limit on Usage Allowance                       |
| MN    | 507-755 E Valley Springs | 34.95            | 0.0                  | 34.95                | 10.0                                      | 1.5                                     | 999999.0             | Other, No Limit on Usage Allowance                       |
| MN    | 507-755 E Valley Springs | 44.95            | 0.0                  | 44.95                | 15.0                                      | 1.5                                     | 999999.0             | Other, No Limit on Usage Allowance                       |
| MN    | 507-755 E Valley Springs | 59.95            | 0.0                  | 59.95                | 20.0                                      | 3.0                                     | 999999.0             | Other, No Limit on Usage Allowance                       |
| MN    | 507-755 E Valley Springs | 79.95            | 0.0                  | 79.95                | 30.0                                      | 5.0                                     | 999999.0             | Other, No Limit on Usage Allowance                       |
| MN    | 507-755 E Valley Springs | 139.95           | 0.0                  | 139.95               | 50.0                                      | 10.0                                    | 999999.0             | Other, No Limit on Usage Allowance                       |
| MN    | 507-755 E Valley Springs | 159.95           | 0.0                  | 159.95               | 50.0                                      | 20.0                                    | 999999.0             | Other, No Limit on Usage Allowance                       |
| MN    | 507-755 E Valley Springs | 179.95           | 0.0                  | 179.95               | 100.0                                     | 15.0                                    | 999999.0             | Other, No Limit on Usage Allowance                       |
| MN    | 507-755 E Valley Springs | 199.95           | 0.0                  | 199.95               | 100.0                                     | 25.0                                    | 999999.0             | Other, No Limit on Usage Allowance                       |
| SD    | 605-464 N Larchwood      | 14.95            | 0.0                  | 14.95                | 0.512                                     | 0.256                                   | 999999.0             | Other, No Limit on Usage Allowance                       |
| SD    | 605-464 N Larchwood      | 29.95            | 0.0                  | 29.95                | 3.0                                       | 1.5                                     | 999999.0             | Other, No Limit on Usage Allowance                       |
| SD    | 605-464 N Larchwood      | 34.95            | 0.0                  | 34.95                | 10.0                                      | 1.5                                     | 999999.0             | Other, No Limit on Usage Allowance                       |
| SD    | 605-464 N Larchwood      | 44.95            | 0.0                  | 44.95                | 15.0                                      | 1.5                                     | 999999.0             | Other, No Limit on Usage Allowance                       |
| SD    | 605-464 N Larchwood      | 59.95            | 0.0                  | 59.95                | 20.0                                      | 3.0                                     | 999999.0             | Other, No Limit on Usage Allowance                       |
| SD    | 605-464 N Larchwood      | 79.95            | 0.0                  | 79.95                | 30.0                                      | 5.0                                     | 999999.0             | Other, No Limit on Usage Allowance                       |
| SD    | 605-464 N Larchwood      | 139.95           | 0.0                  | 139.95               | 50.0                                      | 10.0                                    | 999999.0             | Other, No Limit on Usage Allowance                       |
| SD    | 605-464 N Larchwood      | 159.95           | 0.0                  | 159.95               | 50.0                                      | 20.0                                    | 999999.0             | Other, No Limit on Usage Allowance                       |
| SD    | 605-464 N Larchwood      | 179.95           | 0.0                  | 179.95               | 100.0                                     | 15.0                                    | 999999.0             | Other, No Limit on Usage Allowance                       |
| SD    | 605-464 N Larchwood      | 199.95           | 0.0                  | 199.95               | 100.0                                     | 25.0                                    | 999999.0             | Other, No Limit on Usage Allowance                       |
| SD    | 605-757 Valley Springs   | 14.95            | 0.0                  | 14.95                | 0.512                                     | 0.256                                   | 999999.0             | Other, No Limit on Usage Allowance                       |



