| FCC For | m 481 - Carrier ArR ERPORTED - Data Collection Form | FOR PUBI | | | 986/OMB Control N | lo. 3060-0819 |
|----------------|---|----------------------|--|------------------------|----------------------------------|----------------------------------|
| <010> | Study Area Code | 361405 | | | | |
| <015> | Study Area Name | HILLS TEL CO, INC | | | | |
| <020> | Program Year | 2015 | | | | |
| <030> | Contact Name: Person USAC should contact with questions about this data | Kari Flanagan | | | | |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 6055948228 ext. | | | | |
| <039> | Contact Email Address: Email of the person identified in data line <030> | kjflanagan@alliance | com.net | | | |
| ANNUA | L REPORTING FOR ALL CARRIERS | | | | 54.313 Completion Required | 54.422 Completion Required |
| <100> | Service Quality Improvement Reporting | | (complete attached works) | heet) | ✓ | |
| <200> | Outage Reporting (voice) | | (complete attached works | heet) | Y | ~ |
| <210> | | o outages to report | | | ~ | |
| <300> | Unfulfilled Service Requests (voice) 0 | | | 1 | | |
| <310> | Detail on Attempts (voice) | | | | | |
| | | | | (attach descriptive do | cument) | |
| <320> | Unfulfilled Service Requests (broadband) | | | 7 | ~ | |
| <330> | Detail on Attempts (broadband) | | | (attach descriptive d | locument) | |
| <400> | Number of Complaints per 1,000 customers (voice) | | | | | |
| <410> | Fixed 0.0 | | | | v | ~ |
| <420> <430> | Mobile 0.0 Number of Complaints per 1,000 customers (broadl | pand) | | | | |
| <430> | Fixed | | | | ~ | ////// |
| <450> | Mobile 0.0 Service Quality Standards & Consumer Protection R | ulas Compliance | | | | |
| <500> | 361405mn510.pdf | | (check to indicate certific | ation) | ~ | <i>·</i> |
| <510> | | | (attached descriptive d | locument) | ~ | ¥ |
| <600> | Functionality in Emergency Situations | | (check to indicate certific | ation) | v | v |
| | 361405mn610.pdf | | | | | |
| <610> | | | (attached descriptive docu | iment) | | |
| <700> | Company Price Offerings (voice) | | (complete attached works | sheet) | ~ · | |
| <710> | Company Price Offerings (broadband) | | (complete attached works | | | |
| <800> | Operating Companies and Affiliates | | (complete attached works | sheet) | | ~ |
| | Tribal Land Offerings (Y/N)? | (if y | ves, complete attached works | | | |
| <1000> | Voice Services Rate Comparability | | (check to indicate certific | ation) | | |
| <1010> | | | (attach descriptive docur | ment) | | |
| <1100> | Terrestrial Backhaul (Y/N)? | (if | not, check to indicate certific | cation) | | |
| <1110> | Terms and Condition for Lifeline Customers | | (complete attached work (complete attached work | | | |
| ~12002 | Price Cap Carriers, Proceed to Price Cap Additional | Documentation Works | | Sincely | | |
| | Including Rate-of-Return Carriers affiliated with Pr | | | | | |
| <2000> | | 5 | (check to indicate certifico | | | |
| <2005> | Rate of Return Carriers, Proceed to ROR Additional | Documentation Works | (complete attached works | heet) | | |
| <3000> | | _ seamentation works | (check to indicate certifica | ation) | v | |
| <3005> | | | (complete attached works | heet) | ~ | |

i E

| | ervice Quality Improvement Reporting Illection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-------|--|----------------------------|--|
| <010> | Study Area Code | 361405 | |
| <015> | Study Area Name | HILLS TEL CO, INC | |
| <020> | Program Year | 2015 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari 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> | kjflanagan@alliancecom.net | |
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) 🔘 💽 | |
| <111> | 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) 🔘 🔘 | |
| <112> | 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. 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 CETC which only receives frozen support, your progress report is only required to address voice telephony service. | 361405mn112.pdf | |
| | Please check these boxes below to confirm that the attached documents(s), on I 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. | | Name of Attached Document |
| <113> | Maps detailing progress towards meeting plan targets | | |
| <114> | Report how much universal service (USF) support was received | | |
| <115> | How (USF) was used to improve service quality | | |
| <116> | How (USF)was used to improve service coverage | | |
| <117> | How (USF) was used to improve service capacity | | |
| <118> | Provide an explanation of network improvement targets not met in the prior calendar year. | | |
| | | | |

Page 2

| | vice Outage R ection Form | eporting (Void | ce) | | | | | | ON | C Form 481 /B Control No. 3060 y 2013 | -0986/OMB Control N | o. 3060-0819 |
|-------|---|-------------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|--|-------------------------------------|--|---|--|---|---|
| <010> | Study Area Co | de | | | | 361405 | | | | | | |
| <015> | Study Area Co | | | | | HILLS TEL C | O INC | | | | | |
| <013> | Program Year | | | | | 2015 | O, INC | | | | | |
| <030> | | | should contac | t regarding this | data | Kari Flanag | an | | | | | |
| <035> | | | | erson identified | | | | | | | | |
| <039> | | | | erson identified | | | alliancecom.net | | | | | |
| | | | | | | | _ | | | | | |
| <220> | <a> NORS Reference Number | <b1> Outage Start Date</b1> | <b2> Outage Start Time</b2> | <b3> Outage End Date</b3> | <b4> Outage End Time</b4> | <c1> Number of Customers Affected</c1> | <c2> Total Number of Customers</c2> | <d> 911 Facilities Affected (Yes / No)</d> | <e> Service Outage Description (Check all that apply)</e> | <f> Did This Outage Affect Multiple Study Areas (Yes / No)</f> | <g> Service Outage Resolution</g> | <h> Preventative Procedures</h> |
| | | | | | | | | | | | | |
| | | | | | | S | See attached rksheet | 1 | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | ce Offerings in lection Form | cluding Voice Rate D | ata | | | | C | CC Form 481 IMB Control No. 3060-0986/OM uly 2013 | B Control No. 3060-0819 | | | |
|----------------|---------------------------------|--|----------------|----------------|-------------------|------------------------------|-----------------------------|---|-------------------------------|--|--|--|
| <010> | Study Area Co | Study Area Code 361405 | | | | | | | | | | |
| <015> | Study Area Na | | | | HILLS TEL (| O INC | | | | | | |
| <020> | Program Year | | | | 2015 | | | | | | | |
| <030> | | - Person USAC should | contact regard | ling this data | Kari Flana | gan | | | | | | |
| <035> | | hone Number - Numbe | | | | | | | | | | |
| <039> | | Address - Email Addre | | | | @alliancecom.net | | | | | | |
| <701> <702> | | cal Service Charge Effe ide Residential Local S | | 1/1 | 0 | | | | | | | |
| <703> | <a1></a1> | <a2></a2> | <a3></a3> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <b5></b5> | <c></c> | | | |
| | . | | | | Residential Local | | a | Mandatory Extended Area | | | | |
| | State | Exchange (ILEC) | SAC (CETC) | Rate Type | Service Rate | State Subscriber Line Charge | State Universal Service Fee | Service Charge | Total per line Rates and Fees | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | 0 | | | | | | | |
| | | | | | See al | tached worksheet | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | oadband Price Offerings lection Form | | | | | | FCC Form OMB Cont July 2013 | | OMB Control No. 3060-081 |
|--------|---|---------------------------------|-----------------------|--------------------------------|--------------|---|---|--|--|
| <010> | Study Area Code | | | 361405 | | | | | |
| <015> | Study Area Name | | | HILLS TEL CO, 1 | INC | | | | |
| <020> | Program Year | | | 2015 | | | | | |
| <030> | Contact Name - Person L | JSAC should contact regarding t | his data | Kari Flanagan | | | | | |
| <035> | Contact Telephone Num | ber - Number of person identifi | ed in data line <030> | 6055948228 ext. | | | | | |
| <039> | Contact Email Address - | Email Address of person identif | ed in data line <030> | kjflanagan@all | iancecom.net | | | | |
| .74.4. | | -2 | <b1></b1> | -t-2- | | | | | |
| <711> | <a1></a1> | <a2></a2> | Residential Rate | <b2> State Regulated Fees</b2> | <c></c> | <d1> Broadband Service - Download Speed (Mbps)</d1> | <d2> Broadband Service - Upload Speed (Mbps)</d2> | <d3> Usage Allowance (GB)</d3> | <d4> Usage Allowance Action Taken When Limit Reached {<i>select</i> }</d4> |
| | | | | | | (| | (0) | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | See attac | hed | | | | |
| | | | | worksheet - | • | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Page 5

| (800) Op | erating Companies | | | FCC Form 481 |
|----------|---|---------------|---------------|---|
| | lection Form | | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | | | | July 2013 |
| | | | | |
| <010> | Study Area Code | 361405 | | |
| <015> | Study Area Name | HILLS TEL CO, | INC | |
| <020> | Program Year | 2015 | | |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari Flanagan | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6055948228 ex | t. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kjflanagan@al | liancecom.net | |
| <810> | Reporting Carrier Alliance Communications Cooperative, IncHi | lls, MN | | |
| <811> | Holding Company | | | |
| <812> | Operating Company Alliance Communications Cooperative, Inc. | | | |
| -012 | operating company Arritance commanifeactions cooperative, inc. | | | |
| <813> | <a1></a1> | | <a2></a2> | <a3></a3> |
| | Affiliates | | SAC | Doing Business As Company or Brand Designation |
| | Anniates | | 340 | boing business As company or brand besignation |
| | | | | |
| | | | | |
| | | | | |
| | | See off | abad workab | h ot |
| | | - See alla | ached worksh | |
| | | | | |
| | | | | |
| • | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| • | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | oal Lands Reporting ection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-----------|--|---|--|
| <010> | Study Area Code | 361405 | |
| <015> | Study Area Name | HILLS TEL CO, INC | |
| <020> | Program Year | 2015 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari Flanagan | |
| <035> | Contact Telephone Number - Number of person identified in data line < | | |
| <039> | Contact Email Address - Email Address of person identified in data line < | <pre>x030> kjflanagan@alliancecom.</pre> | net |
| <910> | Tribal Land(s) on which ETC Serves | | |
| | | | |
| <920> | Tribal Government Engagement Obligation | 1 | Name of Attached Document |
| If your o | ampany carges Tribal lands, places salest (Vas No. NA) for each these haves | | |
| | ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, | | |
| | trates coordination with the Tribal government pursuant to | Select | |
| | 3(a)(9) includes: | (Yes,No, NA) | |
| <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. | | |

| (1100) No | o Terrestrial Backhaul Reporting | FCC Form 481 |
|-----------|---|--|
| Data Coll | lection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
| <010> | Study Area Code | 361405 |
| <015> | Study Area Name | HILLS TEL CO, INC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari 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> | kjflanagan@alliancecom.net |
| <1120> | Please check this box to confirm no terrestrial backhaul poptions exist within the supported area pursuant to § 54.313(G) | |
| <1130> | Please check this box 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) | |

| (1200) Te | rms and Condition for Lifeline Customers | FCC Form 481 |
|------------|--|---|
| Lifeline | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| Data Colle | ection Form | July 2013 |
| | | |
| <010> | Study Area Code | 361405 |
| <015> | Study Area Name | HILLS TEL CO, INC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari 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> | kjflanagan@alliancecom.net |
| | | |
| | 30 | 1405mn1210.pdf |
| | | |
| <1210> | Terms & Conditions of Voice Telephony Lifeline Plans | |
| | | |
| | | Name of Attached Document |
| | | |
| <1220> | Link to Public Website HTTP htt | p://www.alliancecom.net/support/forms/lifeline-form |
| | | |
| "Please ch | neck these boxes below to confirm that the attached document(s), on line 1210, | |
| | bsite listed, on line 1220, contains the required information pursuant to | |
| | a)(2) annual reporting for ETCs receiving low-income support, carriers must | |
| annually r | | |
| unnuuny | | |
| <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. | |
| | | |
| | | |
| | | |

| 000) Pr | ice Cap Carrier Additional Documentation | | FCC Form 481 |
|---------|---|---|---|
| ta Coll | ection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| cluding | Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers | | July 2013 |
| | | | |
| <010> | Study Area Code | 361405 | |
| <015> | Study Area Name | HILLS TEL CO, INC | |
| <020> | Program Year | 2015 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari 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> | kjflanagan@alliancecom.net | |
| | support as set forth in 47 CFR § 54.313(b),(c),(d),(r | e) the information reported on this form and in the second s | he documents attached below is accurate. |
| | Incremental Connect America Phase I reporting | | |
| :2010> | 2nd Year Certification {47 CFR § 54.313(b)(1)} | | |
| 2011> | 3rd Year Certification {47 CFR § 54.313(b)(2)} | | |
| | Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)} | | |
| 2012> | 2013 Frozen Support Certification | | |
| 2013> | 2014 Frozen Support Certification | | |
| 2014> | 2015 Frozen Support Certification | | |
| 2015> | 2016 and future Frozen Support Certification | | |
| | 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 | | |
| | Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support | line 2021 contains the required information | |

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document 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 | 361405 |
|------------------|--|--|
| <015> | Study Area Name | HILLS TEL CO, INC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari 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> | kjflanagan@alliancecom.net |
| CHECK t | | nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 he 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)} | |
| | | Name of Attached Document Listing Required Information |
| (3011) | Please check this box to confirm that the attached document(s), on line 3 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addre providing access to broadband service in the preceding calendar year. | |
| (3012) | Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} | |
| (3013) (3014) | | Name of Attached Document Listing Required Information (Yes/No) (Yes/No) |
| Please | check these boxes to confirm that the attached document(s), on line 301 | 7, 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 Ca | ash Flows |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | 361405mn3017.pdf, 361405mn3017.xlsx |
| (3018) | If the response is no on line 3014, Is your company audited? | (Yes/No) |
| (5018) | If the response is no on line 3014, is your company adults? 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) | | ormat comparable to RUS Operating Report for Telecommunications |
| (3020) | Document(s) for Balance Sheet, Income Statement and Statement of C | Cash Flows |
| (3021) | Management letter 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 Ca | ash Flows |
| | | |
| (3026) | Attach the worksheet listing required information | |
| | | |
| | | Name of Attached Document Listing Required Information |

| | tion - Reporting Carrier lection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-------|---|--|
| <010> | Study Area Code | 361405 |
| <015> | Study Area Name | HILLS TEL CO, INC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari 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> | kjflanagan@alliancecom.net |

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

| 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 ecipients; 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, INC | | | | | | |
| Signature of Authorized Officer: CERTIFIED ONLINE | Date 06/25/2014 | | | | | |
| 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: 361405 | Filing Due Date for this form: 07/01/2014 | | | | | |

Certification - Agent / Carrier FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 Data Collection Form July 2013 361405 <010> Study Area Code <015> Study Area Name HILLS TEL CO, INC <020> Program Year 2015 <030> Contact Name - Person USAC should contact regarding this data Kari Flanagan 6055948228 ext. <035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> kjflanagan@alliancecom.net

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

| Certification of Officer to Au | orize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|---|--|
| I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; agent; and, to the best of my knowledge, the reports an | is authorized to submit the information reported on behalf of the reporting carr y responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authoriz 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 of | n 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 Ager | nt Authorized to File Annual Reports for CAF or LI Recipients | s 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 Age | ent | | | | | | | | |
| 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 fo | orm can be punished by fine or forfeiture under the Communications Act of 193 18 of the United States Code, 18 U.S.C. § 1001. | 4, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title | | | | | | | |

Page 13

Attachments

REDACTED - FOR PUBLIC INSPECTATION - FOR PUBLIC INSPECTION

| (200) Service Data Collect | | orting (Vo | bice) | | | | | O | CC Form 481 MB Control N Ily 2013 | lo. 3060-0986/OMB Contr | ol No. 3060-0819 |
|-------------------------------|----------------|-------------------|-----------------|---------------|------------------------|------------------------|-------------------------------|---|---|-------------------------|------------------|
| <010> St | udy Area Code | e | | | | 3 | 361405 | | | | |
| | udy Area Nam | | | | | I | HILLS TEL | O, INC | | | |
| <020> Pr | rogram Year | | | | | : | 2015 | | | | |
| <030> Co | ontact Name - | Person US | AC should cont | tact regardi | ng this data | ł | Kari Flana | an | | | |
| <035> Co | ontact Telepho | one Numbe | er - Number of | person ider | ntified in data li | ine <030> ⁶ | 5055948228 | ext. | | | |
| <039> Co | ontact Email A | ddress - En | nail Address of | person ide | ntified in data l | ine <030> k | jflanagan | alliancecom.net | | | |
| <220> | | | | | | | | | | | |
| <a> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <c1></c1> | <c2></c2> | <d></d> | <e></e> | <f></f> | <g></g> | <h></h> |
| NORS Reference Number | Outage Star | Outage t Start | Outage End | Outage End | Number of Customers | Total Number of | 911 Facilities Affected | Service Outage percent Service Outage percent | Did This Outage Affect Multiple Study Areas | Service Outage | Preventative |
| Number | Date | Time | Date | Time | Affected | Customers | (Yes / No) | all that apply) | (Yes / No) | Resolution | Procedures |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

REDACTED - FOR PUBLIC INSPEGEDATED - FOR PUBLIC INSPECTION

| | ce Offerings lection Form | including Voice Rate D | oata | | | | | FCC Form 481 OMB Control No. 3060-0986/OM Iuly 2013 | B Control No. 3060-0819 | | |
|----------------|--|--|------------|-----------|---------------------------------|------------------------------|-----------------------------|---|-------------------------------|--|--|
| <010> | Ctudy Aroa | Cada | | | 361405 | | | | | | |
| <010> <015> | Study Area Code 361405 Study Area Name HILLS TEL CO, INC | | | | | | | | | | |
| <013> | Study Area Name Hills TEL CO, INC Program Year 2015 | | | | | | | | | | |
| <020> | | | | | | | | | | | |
| <035> | | | | | | | | | | | |
| <039> | | ail Address - Email Addre | | | | @alliancecom.net | | | | | |
| <701> <702> | | Local Service Charge Effe -wide Residential Local S | | 1/ | 1/2014 | | | | | | |
| <703> | | | | | | | | | | | |
| | <a1></a1> | <a2></a2> | <a3></a3> | <b1></b1> | <b2> Residential Local</b2> | <b3></b3> | <b4></b4> | <b5> Mandatory Extended Area</b5> | <c></c> | | |
| | State | Exchange (ILEC) | SAC (CETC) | Rate Type | Service Rate | State Subscriber Line Charge | State Universal Service Fee | Service Charge | Total per line Rates and Fees | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

REDACTED - FOR PUBLIC INSPECTION REDACTED - FOR PUBLIC INSPECTION

| | adband Prio ection Form | ce Offerings 1 | | | | | | | FCC Form 4 OMB Cont July 2013 | 481 rol No. 3060-0986/OMB Control | No. 3060-0819 |
|--|----------------------------|-------------------|---------------------|-------------------------|---------|-----------|---|---|-------------------------------------|--------------------------------------|---------------|
| | | | | | | | | | , | | |
| <010> | > Study Area Code 361405 | | | | | | | | | | |
| <015> | | | | | | | | | | | |
| <020> | | | | | | | | | | | |
| <030> Contact Name - Person USAC should contact regarding this data Kari 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> kjflanagan@alliancecom.net | | | | | | | | | | | |
| <711> | <a1></a1> | <a2></a2> | <b1></b1> | <b2></b2> | <c></c> | <d1></d1> | <d2></d2> | > <d3></d3> | | <d4></d4> | |
| | State | Exchange (ILEC) | Residential Rate | State Regulated Fees | | | Broadband Service - Download Speed (Mbps) | Broadband Service -Upload Speed (Mbps) | Usage Allowance (GB) | | |
| | | | | | | | (| | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

REDACTED - FOR PUBLIC INSPECTION REDACTED - FOR PUBLIC INSPECTION

| | adband Pric | ce Offerings | | | | | | FCC Form 4 | 181 rol No. 3060-0986/OMB Control No. | 3060-0819 | |
|----------------|--|-----------------|---------------------|-------------------------|-------------------|---|---|-------------------------|--|-----------|--|
| butu com | | | | | | | | July 2013 | | 5000 0015 | |
| | | | | | | | | | | | |
| | Study Area Code 361405 | | | | | | | | | | |
| | Study Area Name HILLS TEL CO, INC | | | | | | | | | | |
| | Program Year 2015 | | | | | | | | | | |
| | | | | | | | | | | | |
| <035> <039> | | | | | | | | | | | |
| <0392 | Contact Email Address - Email Address of person identified in data line <030> kjflanagan@alliancecom.net | | | | | | | | | | |
| <711> | <a1></a1> | <a2></a2> | <b1></b1> | <b2></b2> | <c> <d1></d1></c> | <d2></d2> | . <d3></d3> | | <d4></d4> | | |
| | State | Exchange (ILEC) | Residential Rate | State Regulated Fees | | Broadband Service - Download Speed (Mbps) | Broadband Service -Upload Speed (Mbps) | Usage Allowance (GB) | | | |
| | | | | | | (MDPS) | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | erating Companies ection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-------------|--|------------------|--|
| <010> | Study Area Code 361405 | | |
| <015> | Study Area Name HILLS TEL CO | , INC | |
| <020> | Program Year 2015 | | |
| <030> | Contact Name - Person USAC should contact regarding this data Kari Flanaga: | n | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> 6055948228 es | xt. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> kjflanagan@a | lliancecom.net | |
| <810> | Reporting Carrier Alliance Communications Cooperative, IncHills, MN | | |
| <811> | Holding Company | | |
| <812> | Operating Company Alliance Communications Cooperative, Inc. | | |
| <813> | <a1></a1> | <a2></a2> | <a3></a3> |
| | Affiliates | SAC | Doing Business As Company or Brand Designation |
| = | | | |
| | Alliance Communications Cooperative, IncSplitrock | 391657 | Alliance Communications |
| - | Alliance Communications Cooperative, IncSplitrock Alliance Communications Cooperative, IncHills, IA | 391657 351405 | Alliance Communications Alliance Communications |
| - | | | |
| - - - | Alliance Communications Cooperative, IncHills, IA | 351405 | Alliance Communications |
| - | Alliance Communications Cooperative, IncHills, IA Alliance Communications Cooperative, IncHills, SD | 351405 391405 | Alliance Communications Alliance Communications |
| | Alliance Communications Cooperative, IncHills, IA Alliance Communications Cooperative, IncHills, SD | 351405 391405 | Alliance Communications Alliance Communications |
| - | Alliance Communications Cooperative, IncHills, IA Alliance Communications Cooperative, IncHills, SD | 351405 391405 | Alliance Communications Alliance Communications |
| | Alliance Communications Cooperative, IncHills, IA Alliance Communications Cooperative, IncHills, SD | 351405 391405 | Alliance Communications Alliance Communications |
| | Alliance Communications Cooperative, IncHills, IA Alliance Communications Cooperative, IncHills, SD | 351405 391405 | Alliance Communications Alliance Communications |
| | Alliance Communications Cooperative, IncHills, IA Alliance Communications Cooperative, IncHills, SD | 351405 391405 | Alliance Communications Alliance Communications |
| | Alliance Communications Cooperative, IncHills, IA Alliance Communications Cooperative, IncHills, SD | 351405 391405 | Alliance Communications Alliance Communications |

REDACTED - FOR PUBLIC INSPECTION REDACTED - FOR PUBLIC INSPECTION

Five-Year Plan Language for exchanges at or near deployed

Pursuant to 47 C.F.R. 54.202(a)(1)(ii), Alliance Communications Cooperative, Inc. (Alliance) submits a five-year plan that describes with specificity proposed improvements or upgrades to its network throughout its proposed service area. Alliance also provides estimates regarding the area and population that will be served as a result of the improvements. This plan is based on Alliance's current business and financial conditions and is subject to change as a result of changes in those conditions.

Pursuant to 47 C.F.R. 54.313, in each subsequent year, Alliance will file a progress report on its five-year service quality improvement plan pursuant to 54.202(a), including maps detailing its progress towards meeting its plan targets, an explanation of how much universal service support was received and how it was used to improve service quality, coverage, or capacity, and an explanation regarding any network improvement targets that have not been fulfilled in the prior calendar year.

As of January 1, 2014, **Sector 1**, **1999**, **19**

Although no capital improvements are required in the Alliance service area to bring subscribers to the 4/1 Mbps standard, Alliance incurred approximately in depreciation expense and in on-going maintenance and operating expenses in calendar year 2013. It is reasonable to expect depreciation, maintenance, and operating expenses for the 2015 through 2019 calendar years will continue at similar amounts.

FCC Form 481 – Line 510

361405MN510

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.
 - o 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: 361405, 391405, 391657 State: MN Alliance Communications Cooperative, Inc. Form 481 Line No.: 610 Description of Functionality in Emergency Situations

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:
 - o 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.

FCC Form 481 - Line 1210

361405mn1210

ALLIANCE COMMUNICATIONS COOPERATIVE, INC.

Lifeline Terms and Conditions

Alliance Communications Cooperative, Inc. offers Lifeline program-supported service to qualified lowincome residential consumers. The federal Lifeline and Minnesota Telephone Assistance Plan (TAP) programs provide monthly telephone service discounts on one telephone line or wireless telephone per household to eligible low-income consumers to help them establish and maintain telephone service by lowering the cost of basic, monthly local telephone service. The federal Lifeline monthly discount is typically between \$8 and \$10. The TAP provides an additional \$2.50 monthly discount on local telephone service. In addition, the Federal Universal Service Charge is not assessed to consumers participating in Lifeline. Long distance blocking (either toll limitation or toll blocking) is available to eligible Lifeline consumers at no cost. Consumers who are eligible for Minnesota Telephone Discounts for landline service do not have to pay a deposit if they agree to block long distance service.

Lifeline Program Eligibility Information

Program Based Eligibility

Consumers are eligible for Lifeline if they, one of their dependents or their household participate in one of the following qualifying assistance programs:

Minnesota Family Investment Program (MFIP)/Temporary Assistance for Needy Families (TANF) Low-Income Home Energy Assistance Program (LIHEAP) Federal Public Housing Assistance (Section 8) Supplemental Nutrition Assistance Program (SNAP/Food Stamps) Medicaid/Medical Assistance National School Lunch Program's Free Lunch Program Supplemental Security Income (SSI)

Lifeline applicants must present documentation demonstrating eligibility either through participation in one of the qualifying federal assistance programs or through income-based means.

Acceptable documentation of program-based eligibility includes: current or prior year's statement of benefits from a qualifying state, federal or Tribal program; notice letter of participation in a qualifying state, federal or Tribal program; program participation documents; or another official document evidencing the consumer's participation in a qualifying state, federal or Tribal program.

Income Based Eligibility

In addition, consumers are eligible for Lifeline if their household income is at or below 135% of the federal poverty guidelines.

| Household Size | 48 Contiguous States and D.C. | Alaska | Hawaii |
|----------------|----------------------------------|----------|----------|
| 1 | \$15,755 | \$19,683 | \$18,117 |
| 2 | \$21,236 | \$26,541 | \$24,422 |
| 3 | \$26,717 | \$33,399 | \$30,726 |
| 4 | \$32,198 | \$40,257 | \$37,031 |
| 5 | \$37,679 | \$47,115 | \$43,335 |
| 6 | \$43,160 | \$53,973 | \$49,640 |
| 7 | \$48,641 | \$60,831 | \$55,944 |
| 8 | \$54,122 | \$67,689 | \$62,249 |

2014 Federal Poverty Guidelines - 135%

FCC Form 481 – Line 1210

| For each additional | \$5,481 | \$6,858 | \$6,305 |
|---------------------|---------|---------|---------|
| person, add | | | |

Acceptable documentation of income eligibility includes: prior year's state, federal or Tribal tax return; current income statement from an employer or paycheck stub; social security statement of benefits; Veterans Administration statement of benefits; retirement/pension statement of benefits; unemployment/workmen's compensation statement of benefits; federal or Tribal notice of letter participating in General Assistance; or a divorce decree or child support award or other official document containing income information.

Numbers of Minutes-of-Use Provided as Part of Lifeline Program Service

Alliance Communications Cooperative, Inc.'s Voice Lifeline service includes unlimited local minutes-of-use within the toll-free calling area. Alliance Communications Cooperative, Inc.'s Voice Lifeline Plan does not include any free minutes-of-use for toll. Toll is billed at the standard toll rate depending on which interexchange carrier the consumer subscribes to for toll service. As part of the Lifeline service, Toll blocking is available to eligible consumers at no cost.

<u>Rates</u>

Subscribers may receive the Lifeline credit on any type or grade of local service, including bundled services that are normally offered by Alliance Communications Cooperative, Inc.. Advertised rates do not include any applicable taxes or surcharges.

Recertification of Lifeline Eligibility

Lifeline recipients are required to recertify their eligibility annually. Failure to properly recertify a recipient's continued eligibility for the Lifeline program will result in termination of the Lifeline recipient's monthly Lifeline discount and de-enrollment from the Lifeline Program.

Additional Lifeline Program Information

The Lifeline program is limited to one benefit per household, consisting of either wireline or wireless service. A household is defined, for purposes of the Lifeline program, as an individual or group of individuals who live together at the same address and share income and expenses. Lifeline is a government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

REDACTED - FOR PUBLIC INSPECTION According to the Paperwork Reduction Act of 1995, an agenc and appropriate project and appropriate to the paperwork Reduction Act of 1995, an agenc and appropriate and appropriate to the paper work Reduction of the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate a

| USDA-RI | US | | This data will be used by RUS to review your financial situation. Your response is required by 7 U.S.C. 901 et seq. | | | | |
|---|-----------------------------------|---|--|---------------------|--------------|--|--|
| OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS | | | and, subject to federal laws and regulations regarding confidential information, will be treated as confidential. BORROWER NAME | | | | |
| | | | | | | | |
| | | Alliance Communications Cooperativ | <i>r</i> e, Inc. | | | | |
| | | | (Prepared with Audited Data) | | | | |
| INSTRUCTIONS-Submit report to RUS within 30 d | | | | BORROWER DESIGNATIO | N | | |
| For detailed instructions, see RUS Bulletin 1744-2. | Keport in whole dollar | - | December, 2013 ERTIFICATION | | | | |
| to the best of our knowledge and belief ALL INSURANCE REQUIRED BY RENEWALS HAVE BEEN OBTAIN | 7 CFR PART 1788 NED FOR ALL PO | dance with the acc , CHAPTER XVI LICIES. (THIS REPORT | ounts and other records of the system and reflect the stat I, RUS, WAS IN FORCE DURING THE REPORTIN PURSUANT TO PART 1788 OF 7CFR CHAPTER 2 e of the following) | G PERIOD AND | | | |
| All of the obligations under the RUS loan d have been fulfilled in all material respects. | ocuments | | There has been a default in the fulfillment of the oblig under the RUS loan documents. Said default(s) is/ar specifically described in the Telecom Operating Repo | е | | | |
| | | DATE | - | | | | |
| | | PART | A. BALANCE SHEET | | | | |
| | BALANCE | BALANCE | | BALANCE | BALANCE | | |
| ASSETS | PRIOR YEAR | END OF PERIOD | LIABILITIES AND STOCKHOLDERS' EQUITY | PRIOR YEAR | END OF PERIO | | |
| CURRENT ASSETS | | | CURRENT LIABILITIES | | | | |
| 1. Cash and Equivalents | | | 25. Accounts Payable | | | | |
| 2. Cash-RUS Construction Fund | | | 26. Notes Payable | | | | |
| 3. Affiliates: | | | 27. Advance Billings and Payments | | | | |
| a. Telecom, Accounts Receivable | | | 28. Customer Deposits | | | | |
| b. Other Accounts Receivable | | | 29. Current Mat. L/T Debt | | | | |
| c. Notes Receivable | | | 30. Current Mat. L/T Debt-Rur. Dev. | | | | |
| 4. Non-Affiliates: | | | 31. Current MatCapital Leases | | | | |
| a. Telecom, Accounts Receivable | | | 32. Income Taxes Accrued | | | | |
| b. Other Accounts Receivable | | | 33. Other Taxes Accrued | | | | |
| c. Notes Receivable | | | 34. Other Current Liabilities | | | | |
| 5. Interest and Dividends Receivable | | | 35. Total Current Liabilities (25 thru 34) | | | | |
| 6. Material-Regulated | | | | | | | |
| 7. Material-Nonregulated | | | 36. Funded Debt-RUS Notes | | | | |
| 8. Prepayments | | | 37. Funded Debt-RTB Notes | | | | |
| 9. Other Current Assets | | | 38. Funded Debt-FFB Notes | | | | |
| 10. Total Current Assets (1 Thru 9) | | | 39. Funded Debt-Other | | | | |
| NONCURRENT ASSETS | | | 40. Funded Debt-Rural Develop. Loan | | | | |
| 11. Investment in Affiliated Companies a. Rural Development | | | 41. Premium (Discount) on L/T Debt 42. Reacquired Debt | | | | |
| b. Nonrural Development | | | 43. Obligations Under Capital Lease | | | | |
| 12. Other Investments | | | 44. Adv. From Affiliated Companies | | | | |
| a. Rural Development | | | 45. Other Long-Term Debt | | | | |
| b. Nonrural Development | | | 46. Total Long-Term Debt (36 thru 45) | | | | |
| 13. Nonregulated Investments | | | OTHER LIAB. & DEF. CREDITS | | | | |
| 14. Other Noncurrent Assets | | | 47. Other Long-Term Liabilities | | | | |
| 15. Deferred Charges | | | 48. Other Deferred Credits | | | | |
| 16. Jurisdictional Differences | | | 49. Other Jurisdictional Differences | | | | |
| 17. Total Noncurrent Assets (11 thru 16) | | | 50. Total Other Liabilities and Deferred Credits (47 thru 49) | | | | |
| PLANT, PROPERTY, AND EQUIPMENT | | | EQUITY | | | | |
| 18. Telecom, Plant-in-Service | | | 51. Cap. Stock Outstand. & Subscribed | | | | |
| 19. Property Held for Future Use | | | 52. Additional Paid-in-Capital | | | | |
| 20. Plant Under Construction | | | 53. Treasury Stock | | | | |
| | | | 54. Membership and Cap. Certificates | | | | |
| 21. Plant Adj., Nonop. Plant & Goodwill | | | | | | | |
| | | | 55. Other Capital | | | | |
| 22. Less Accumulated Depreciation | | | 55. Other Capital 56. Patronage Capital Credits | | | | |
| 22. Less Accumulated Depreciation 23. Net Plant (18 thru 21 less 22) | | | | | | | |
| Plant Adj., Nonop. Plant & Goodwill Less Accumulated Depreciation Net Plant (18 thru 21 less 22) TOTAL ASSETS (10+17+23) | | | 56. Patronage Capital Credits | | | | |

USDARESDACTED - FOR HELESWERDERNESTER CTION

OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

PERIOD ENDING

| INSTRUCTIONS- See RUS Bulletin 1744-2 December, 201 | 3 | |
|--|-------------------|-----------|
| PART B. STATEMENTS OF INCOME AND RETAINED EA | RNINGS OR MARGINS | |
| ITEM | PRIOR YEAR | THIS YEAR |
| 1. Local Network Services Revenues | | |
| 2. Network Access Services Revenues | | |
| 3. Long Distance Network Services Revenues | | |
| 4. Carrier Billing and Collection Revenues | | |
| 5. Miscellaneous Revenues | | |
| 6. Uncollectible Revenues | | |
| 7. Net Operating Revenues (1 thru 5 less 6) | | |
| 8. Plant Specific Operations Expense | | |
| 9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization) | | |
| 10. Depreciation Expense | | |
| 11. Amortization Expense | | |
| 12. Customer Operations Expense | | |
| 13. Corporate Operations Expense | | |
| 14. Total Operating Expenses (8 thru 13) | | |
| 15. Operating Income or Margins (7 less 14) | | |
| 16. Other Operating Income and Expenses | | |
| 17. State and Local Taxes | | |
| 18. Federal Income Taxes | | |
| 19. Other Taxes | | |
| 20. Total Operating Taxes (17+18+19) | | |
| 21. Net Operating Income or Margins (15+16-20) | | |
| 22. Interest on Funded Debt | | |
| 23. Interest Expense - Capital Leases | | |
| 24. Other Interest Expense | | |
| 25. Allowance for Funds Used During Construction | | |
| 26. Total Fixed Charges (22+23+24-25) | | |
| 27. Nonoperating Net Income | | |
| 28. Extraordinary Items | | |
| 29. Jurisdictional Differences | | |
| 30. Nonregulated Net Income | | |
| 31. Total Net Income or Margins (21+27+28+29+30-26) | | |
| 32. Total Taxes Based on Income | | |
| 32. Total faxes based of fincome 33. Retained Earnings or Margins Beginning-of-Year | | |
| 34. Miscellaneous Credits Year-to-Date | | |
| 35. Dividends Declared (Common) | | |
| 36. Dividends Declared (Common) 36. Dividends Declared (Preferred) | ┛ | |
| 37. Other Debits Year-to-Date | | |
| 37. Other Debits real-to-Date 38. Transfers to Patronage Capital | | |
| 39. Retained Earnings or Margins End-of-Period [(31+33+34) - (35+36+37+38)] | | |
| 40. Patronage Capital Beginning-of-Year | | |
| 40. Failonage Capital Beginning-of-Fear 41. Transfers to Patronage Capital | | |
| 42. Patronage Capital Credits Retired | | |
| 42. Patronage Capital End-of-Year (40+41-42) | | |
| 44. Annual Debt Service Payments | | |
| | | |
| 45. Cash Ratio [(14+20-10-11) / 7] 46. Operating Accrual Ratio [(14+20+26) / 7] | | |
| 46. Operating Accrual Ratio [(14+20+26) / 7] | | |
| 47. TIER [(31+26) / 26] 48. DSCR [(31+26+10+11) / 44] | | |
| | | |

USDA-RUS

BORROWER DESIGNATION

PERIOD ENDED

December, 2013

OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

INSTRUCTIONS - See RUS Bulletin 1744-2

| | | | CESS LINE), ROUTE | MILE, & HIGH SPEED | DATA INFORM | IATION | |
|--------------------------------------|--------|-----|-------------------------------|--------------------|-------------|-----------------------------------|-------|
| | 1. RAT | ES | 2. SUBSCRIBERS (ACCESS LINES) | | | 3. ROUTE | MILES |
| EXCHANGE | B-1 | R-1 | BUSINESS | RESIDENTIAL | TOTAL | TOTAL | FIBER |
| | (a) | (b) | (a) | (b) | (c) | TOTAL (including fiber) (a) | (b) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | ■ | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | E I | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| bileWireless | | | | | | | |
| ute Mileage Itside Exchange ea | | | | · | _ | | |
| tal | | | | | | | |
| . Exchanges | | | | | | | |

REDACTED - FOR PUBLIC INSPECTION REDACTED - FOR PUBLIC INSPECTION

USDA-RUS

BORROWER DESIGNATION

PERIOD ENDED

December, 2013

OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

INSTRUCTIONS - See RUS Bulletin 1744-2

| | D 40 | | | | | | | |
|----------|---|---------------------------------------|---------------------------------|--|--|--------------|------------------------|------------------------------|
| | Part C | . SUBSCRIBER (| | | | DATA INFORMA | ATION | |
| | 4. BROADBAND SERVICE Details on Least Expensive Broadband Service | | | | | | | |
| EXCHANGE | No. Access Lines with BB available (a) | No Of Broadband Subscribers (b) | Number Of Subscribers (c) | Advertised Download Rate (Kbps) (d) | Advertised Upload Rate (Kbps) (e) | | Standalone/Pckg (f) | Type Of Technology (g) |
| | | | | | | | | (3) |
| | | | | | | | | |
| | | | | | | | | |
| | - | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | - | • | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | Home |
| | | | | | | | | |
| | - | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total | | | | | | | | |

| REDACTED - FOR PUBLIC INSPECTION | | | | | |
|---|---------------------------------|--|--|--|--|
| REDACTED - FOR PUBLIC IN | | | | | |
| OPERATING REPORT FOR | | | | | |
| TELECOMMUNICATIONS BORROWERS | PERIOD ENDING December, 2013 | | | | |
| | Ť | | | | |

| INSTRUCTIONS- See RUS | Bulletin 1/44-2 | | | | | |
|--|---------------------------------|--------------------------------|-----------------|---------------------------|--------------|-------------------------------|
| | | PART D. SYSTEN | I DATA | | | |
| 1. No. Plant Employees | 2. No. Other Employees | 3. Square Miles Served | | 4. Access Lines per Squar | re Mile | 5. Subscribers per Route Mile |
| | | PART E. TOLL I | DATA | | | |
| 1. Study Area ID Code(s) | 2. Types | of Toll Settlements (Check one | e) | | | |
| | a. | | Interstate: | Average Schedul | e | X Cost Basis |
| | b. | | | _ | | _ |
| | с. | | Intrastate: | Average Schedul | e | X Cost Basis |
| | d. | | | | | |
| | e. | | | | | |
| | f. | | | | | |
| | g | | | | | |
| | h | | | | | |
| | i | | | | | |
| | j | | | | | |
| | | | | | | |
| | ΡΑ | RT F. FUNDS INVESTED IN F | PLANT DURING YE | AR | | |
| 1. RUS, RTB, & FFB Loan I | Funds Expended | | | | | |
| 2. Other Long-Term Loan F | unds Expended | | | | | |
| 3. Funds Expended Under I | RUS Interim Approval | | | | | |
| 4. Other Short-Term Loan F | Funds Expended | | | | | |
| 5. General Funds Expended | d (Other than Interim) | | | | | |
| 6. Salvaged Materials | | | | | | |
| Contribution in Aid to Cor | | | | | | |
| 8. Gross Additions to Teleco | om. Plant (1 thru 7) | | | | | |
| | PA | RT G. INVESTMENTS IN AFF | ILIATED COMPAN | IES | | |
| | | CURRENT Y | EAR DATA | | CUMULATIVE D | ATA |
| | | | | Cumulative | Cumulative | |
| | INVESTMENTS | Investment | Income/Loss | Investment | Income/Loss | Current |
| | | This Year | This Year | To Date | To Date | Balance |
| | (a) | (b) | (c) | (<i>d</i>) | (e) | (f) |
| 1. Investment in Affiliated C | ompanies - Rural Development | | | | | |
| 2. Investment in Affiliated C | ompanies - Nonrural Development | | | | | |

Page 5 of 6

| REDACTED - FOR PUBLIC | C INSPECTION |
|------------------------------|--|
| | BORKEN ALEN ALEN ALEN ALEN ALEN ALEN ALEN AL |

OPERATING REPORT FOR

TELECOMMUNICATIONS BORROWERS

PERIOD ENDING

December, 2013

PART H. CURRENT DEPRECIATION RATES

Are corporation's depreciation rates approved by the regulatory authority with jurisdiction over the provision of telephone services? (Check one)

X YES

NO

| EQUIPMENT CATEGORY | DEPRECIATION RATE |
|---|-------------------|
| . Land and support assets - Motor Vehicles | |
| 2. Land and support assets - Aircraft | |
| Land and support assets - Special purpose vehicles | |
| Land and support assets - Garage and other work equipment | |
| 5. Land and support assets - Buildings | |
| Land and support assets - Furniture and Office equipment | |
| Land and support assets - General purpose computers | |
| Central Office Switching - Digital | |
| Central Office Switching - Analog & Electro-mechanical | |
| 10. Central Office Switching - Operator Systems | |
| 11. Central Office Transmission - Radio Systems | |
| 12. Central Office Transmission - Circuit equipment | |
| 13. Information origination/termination - Station apparatus | |
| 14. Information origination/termination - Customer premises wiring | |
| 15. Information origination/termination - Large private branch exchanges | |
| 16. Information origination/termination - Public telephone terminal equipment | |
| 17. Information origination/termination - Other terminal equipment | |
| 18. Cable and wire facilities - Poles | |
| 19. Cable and wire facilities - Aerial cable - Metal | |
| 20. Cable and wire facilities - Aerial cable - Fiber | |
| 21. Cable and wire facilities - Underground cable - Metal | |
| 22. Cable and wire facilities - Underground cable - Fiber | |
| 23. Cable and wire facilities - Buried cable - Metal | |
| 24. Cable and wire facilities - Buried cable - Fiber | |
| 25. Cable and wire facilities - Conduit systems | |
| 26. Cable and wire facilities - Other | |

| | USDA-RUS | BORROWER DESIGNATION |
|-----------|---|------------------------|
| | OPERATING REPORT FOR | |
| | TELECOMMUNICATIONS BORROWERS | PERIOD ENDED |
| INST | RUCTIONS – See help in the online application. | December, 2013 |
| | PART I – STATEMENT OF C | ASH FLOWS |
| 1. | Beginning Cash (Cash and Equivalents plus RUS Construction Fund) | |
| | CASH FLOWS FROM OPERATING ACTIVIT | IES |
| 2. | Net Income | |
| | Adjustments to Reconcile Net Income to Net Cash Provided by | Operating Activities |
| 3. | Add: Depreciation | |
| 4. | Add: Amortization | |
| 5. | Other (Explain) | |
| | | |
| | | |
| | | |
| | Changes in Operating Assets and Liabilities | 3 |
| 6. 7. | Decrease/(Increase) in Accounts Receivable | |
| | Decrease/(Increase) in Materials and Inventory | |
| 8. 9. | Decrease/(Increase) in Prepayments and Deferred Charges Decrease/(Increase) in Other Current Assets | |
| 9. 10. | Increase/(Increase) in Accounts Payable | |
| 10. | Increase/(Decrease) in Advance Billings & Payments | |
| 12. | Increase/(Decrease) in Other Current Liabilities | |
| 13. | Net Cash Provided/(Used) by Operations | |
| | CASH FLOWS FROM FINANCING ACTIVITI | ES |
| 14. | Decrease/(Increase) in Notes Receivable | |
| 15. | Increase/(Decrease) in Notes Payable | |
| 16. | Increase/(Decrease) in Customer Deposits | |
| 17. | Net Increase/(Decrease) in Long Term Debt (Including Current Maturities) | |
| 18. | Increase/(Decrease) in Other Liabilities & Deferred Credits | |
| 19. | Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certification | icates & Other Capital |
| 20. | Less: Payment of Dividends | |
| 21. | Less: Patronage Capital Credits Retired | |
| 22. | Other (Explain) | |
| | | |
| | | |
| | | |
| 23. | Net Cash Provided/(Used) by Financing Activities CASH FLOWS FROM INVESTING ACTIVITI | |
| 24. | Net Capital Expenditures (Property, Plant & Equipment) | =5 |
| 25. | Other Long-Term Investments | |
| 26. | Other Noncurrent Assets & Jurisdictional Differences | |
| 27. | Other (Explain) | |
| | | |
| | | |
| | | |
| 28. | Net Cash Provided/(Used) by Investing Activities | |
| 29. | Net Increase/(Decrease) in Cash | |
| 30. | Ending Cash | |

Revision Date 2010

| USDA-RUS | BORROWER DESIGNATION | | | |
|--|--------------------------------|--|--|--|
| OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS | | | | |
| INSTRUCTIONS - See RUS Bulletin 1744-2 | PERIOD ENDED December, 2013 | | | |
| NOTES TO THE OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS | | | | |

| USDA-RUS | BORROWER DESIGNATION | | | |
|---|--------------------------------|--|--|--|
| OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS | | | | |
| INSTRUCTIONS - See RUS Bulletin 1744-2 | PERIOD ENDED December, 2013 | | | |
| CERTIFICATION LOAN DEFAULT NOTES TO THE OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS | | | | |

| FCC For | m 481 - Carrier Ann Engenting TED - Data Collection Form | FOR PUB | | | 0986/OMB Control N | lo. 3060-0819 |
|------------------|---|------------------------|---|------------------------|----------------------------------|----------------------------------|
| <010> | Study Area Code | 391405 | | | | |
| <015> | Study Area Name | HILLS TEL CO-SD | | | | |
| <020> | Program Year | 2015 | | | | |
| <030> | Contact Name: Person USAC should contact with questions about this data | Kari Flanagan | | | | |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 6055948228 ext. | | | | |
| <039> | Contact Email Address: Email of the person identified in data line <030> | kjflanagan@alliance | ecom.net | | | |
| ANNUA | L REPORTING FOR ALL CARRIERS | | | | 54.313 Completion Required | 54.422 Completion Required |
| <100> | Service Quality Improvement Reporting | | (complete attached works | heet) | (check box whe | |
| <200> | Outage Reporting (voice) | | (complete attached works | heet) | ~ | ~ |
| <210> | <pre> check box if no</pre> | outages to report | | | ~ | |
| <300> | Unfulfilled Service Requests (voice) | | | י | L <u></u> | |
| <310> | Detail on Attempts (voice) | | | | | |
| | | | | (attach descriptive do | ocument) | _ |
| <320> | Unfulfilled Service Requests (broadband) | | | - | ~ | |
| <330> | Detail on Attempts (broadband) | | | (attach descriptive c | document) | |
| <400> | Number of Complaints per 1,000 customers (voice) | | | | | |
| <410> | Fixed 0.0 | | | | ~ | ~ |
| <420> | Mobile 0.0 | | | | | LL |
| <430> <440> | Number of Complaints per 1,000 customers (broad | band) | | | v | |
| <450> | Mobile 0.0 | | | | | |
| <500> | Service Quality Standards & Consumer Protection R 391405SD510.pdf | ules Compliance | (check to indicate certific | ation) | ~ | ✓ |
| <510> | | | (attached descriptive d | locument) | ~ | ~ |
| <600> | Functionality in Emergency Situations | | (check to indicate certific | ation) | ~ | v |
| | 39140550610.pat | | | | | |
| <610> | | | (attached descriptive docu | iment) | | |
| <700> | Company Price Offerings (voice) | | (complete attached works | sheet) | | |
| <710> | Company Price Offerings (broadband) | | (complete attached work | | | |
| <800> | Operating Companies and Affiliates | | (complete attached works | | | · [|
| | Tribal Land Offerings (Y/N)? Voice Services Rate Comparability | (if | yes, complete attached work: (check to indicate certific | | | |
| <1010> | | | (attach descriptive docur | ment) | | |
| <1100> | Terrestrial Backhaul (Y/N)? | (i) | f not, check to indicate certific | cation) | | |
| <1110> <1200> | Terms and Condition for Lifeline Customers | | (complete attached work (complete attached work | | | ~ |
| _ | Price Cap Carriers, Proceed to Price Cap Additional | Documentation Works | sheet | | | |
| <20005 | Including Rate-of-Return Carriers affiliated with Pr | ice Cap Local Exchange | | ntion) | II | |
| <2000> <2005> | | | (check to indicate certifica) (complete attached works) | | | |
| | Rate of Return Carriers, Proceed to ROR Additional | Documentation Work | | | | |
| <3000> | | | (check to indicate certifica | | | |
| <3005> | | | (complete attached works | sheet) | · · | |

| | ervice Quality Improvement Reporting Ilection 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 | 2015 | | | | |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari 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> | kjflanagan@alliancecom.net | | | | |
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) 🔘 💿 | | | | |
| <111> | 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) 🔘 🔘 | | | | |
| <112> | 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. 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 CETC which only receives frozen support, your progress report is only required to address voice telephony service. Please check these boxes below to confirm that the attached documents(s), on I 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. | | Name of Attached Document | | | |
| (112) | | [] | | | | |
| <113> <114> | Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received | <u> </u> | | | | |
| <114> | How (USF) was used to improve service quality | | | | | |
| <115> | How (USF) was used to improve service quality | | | | | |
| <110> | How (USF) was used to improve service coverage | <u> </u> | | | | |
| <117> | Provide an explanation of network improvement targets not met in the prior calendar year. | | | | | |
| | | | | | | |

Page 2

| | vice Outage Re ection Form | eporting (Void | ce) | | | | | | ON | C Form 481 1B Control No. 3060 7 2013 | -0986/OMB Control N | o. 3060-0819 | | |
|-------|---|--|----------------------|-----------|--------------------|---------------------------------|--------------|--|---|---|------------------------------|----------------------------|--|--|
| <010> | Study Area Co | ode | | | | 391405 | | | | | | | | |
| <015> | | | | | | | | | | | | | | |
| <020> | · | | | | | | | | | | | | | |
| <030> | | | | | | | | | | | | | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | | | | | | | | | | | | | |
| <039> | | act Email Address - Email Address of person identified in data line <030> kjflanagan@alliancecom.net | | | | | | | | | | | | |
| <220> | <a> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <c1></c1> | <c2></c2> | <d></d> | <e></e> | <f></f> | <g></g> | <h></h> | | |
| ~2207 | NORS Reference Number | | Outage Start Time | | Outage End Time | Number of Customers Affected | | 911 Facilities Affected (Yes / No) | Service Outage Description (Check all that apply) | Did This Outage Affect Multiple Study Areas (Yes / No) | Service Outage Resolution | Preventative Procedures | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | See attached | 1 | | | | | | |
| | | | | | | | rksheet | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

| | ce Offerings in ection Form | cluding Voice Rate D | ata | | | | C | CC Form 481 IMB Control No. 3060-0986/OM uly 2013 | B Control No. 3060-0819 |
|----------------|--------------------------------|--|------------|-----------|-------------------|------------------------------|-----------------------------|---|-------------------------------|
| <010> | Study Area Co | de | | | 391405 | | | | |
| <010> | Study Area Na | | | | HILLS TEL (| 70-SD | | | |
| <013> | Program Year | inc | | | 2015 | 20-30 | | | |
| <030> | • | | | | | | | | |
| <035> | | none Number - Numbe | | | | | | | |
| <039> | | Address - Email Addre | | | | @alliancecom.net | | | |
| <701> <702> | | cal Service Charge Effe ide Residential Local S | | 1/1 | /2014 | | | | |
| <703> | <a1></a1> | <a2></a2> | <a3></a3> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <b5></b5> | <c></c> |
| | . | | | | Residential Local | | a | Mandatory Extended Area | |
| | State | Exchange (ILEC) | SAC (CETC) | Rate Type | Service Rate | State Subscriber Line Charge | State Universal Service Fee | Service Charge | Total per line Rates and Fees |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | 0 | | | | |
| | | | | | See al | tached worksheet | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | Y10) Broadband Price Offerings FCC Form 481 ata Collection Form OMB Control No. 3060-0986 /OMB Control No. 3060-0819 July 2013 July 2013 | | | | | | | | |
|-------|--|----------------------------------|-----------------------|--------------------------------|--------------|---|---|--|--|
| <010> | Study Area Code | | | 391405 | | | | | |
| <015> | Study Area Name | | | HILLS TEL CO-SI |) | | | | |
| <020> | Program Year | | | 2015 | | | | | |
| <030> | Contact Name - Person L | JSAC should contact regarding t | his data | Kari Flanagan | | | | | |
| <035> | Contact Telephone Num | ber - Number of person identifi | ed in data line <030> | 6055948228 ext | | | | | |
| <039> | Contact Email Address - | Email Address of person identifi | ed in data line <030> | kjflanagan@all | iancecom.net | | | | |
| -711. | | -2 | <b1></b1> | 4-25 | | | -12- | | |
| <711> | <a1></a1> | <a2></a2> | Residential Rate | <b2> State Regulated Fees</b2> | <c></c> | <d1> Broadband Service - Download Speed (Mbps)</d1> | <d2> Broadband Service - Upload Speed (Mbps)</d2> | <d3> Usage Allowance (GB)</d3> | <d4> Usage Allowance Action Taken When Limit Reached {<i>select</i> }</d4> |
| | | | | | | (| | (00) | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | - See attac | hed | | | | |
| | | | | worksheet - | + | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | <u> </u> | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Page 5

| (800) Op | 300) Operating Companies FCC Form 481 | | | | | |
|------------|---|---------------|---------------|---|--|--|
| | lection Form | | | 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 | 2015 | | | | |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari Flanagan | | | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6055948228 ex | t. | | | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kjflanagan@al | liancecom.net | | | |
| -010 | Reporting Carrier Alliance Communications Cooperative, IncHil | lls SD | | | | |
| <810> | | 110, 00 | | | | |
| <811> | Holding Company | | | | | |
| <812> | Operating Company Alliance Communications Cooperative, Inc. | | | | | |
| | | | | | | |
| <813> | <a1></a1> | | <a2></a2> | <a3></a3> | | |
| | Affiliates | | SAC | Doing Business As Company or Brand Designation | | |
| : | | | | | | |
| • | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | | |
| | - | - See atta | ached worksh | eet | | |
| • | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| . <u> </u> | | | | | | |
| | | | | 1 | | |

| | bal Lands Reporting lection Form | | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. July 2013 | 3060-0819 |
|--------------------|---|-------------------|----------------------------|--|-----------|
| <010> | Study Area Code | | 391405 | | |
| <015> | Study Area Name | | HILLS TEL CO-SD | | |
| <020> | Program Year | | 2015 | | |
| <030> | Contact Name - Person USAC should contact regarding this data | | Kari Flanagan | | |
| <035> | Contact Telephone Number - Number of person identified in data line | | 6055948228 ext. | | |
| <039> | Contact Email Address - Email Address of person identified in data line | <030> | kjflanagan@alliancecom.net | | |
| <910> | Tribal Land(s) on which ETC Serves | | | | |
| <920> | Tribal Government Engagement Obligation | | Name of Attache | ed Document | |
| to confi demons | company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements. | Sel (Yes N, | · · | | |

| | o Terrestrial Backhaul Reporting ection 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 | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari 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> | kjflanagan@alliancecom.net |
| <1120> | Please check this box to confirm no terrestrial backhaul poptions exist within the supported area pursuant to § 54.313(G) | |
| <1130> | Please check this box 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) | |

Page 8

| (1200) Te | rms and Condition for Lifeline Customers | | FCC Form 481 |
|----------------|---|---|---|
| Lifeline | | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| Data Colle | ection Form | | July 2013 |
| | | | |
| <010> | Study Area Code | 391405 | |
| <015> | Study Area Name | HILLS TEL CO-SD | |
| <020> | Program Year | 2015 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari 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 | kjflanagan@alliancecom.net | |
| | | | |
| | | 391405sd1210.pdf | |
| | | | |
| <1210> | Terms & Conditions of Voice Telephony Lifeline Plans | | |
| | | | |
| | | Na | me of Attached Document |
| | | | |
| <1220> | Link to Public Website HTTP | http://www.alliancecom.net/support/form | ms/lifeline-form |
| | - | | |
| | | | |
| | eck these boxes below to confirm that the attached document(s), on line 1210, | | |
| or the web | osite 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 r | eport: | | |
| | | | |
| <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. | | |
| \1223 / | | | |
| | | | |
| | | | |

| 2000) Pi | rice Cap Carrier Additional Documentation | | FCC Form 481 |
|---|---|---|--|
| ata Col | lection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| cluding Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers | | | July 2013 |
| | | | |
| <010> | Study Area Code | 391405 | |
| <015> | Study Area Name | HILLS TEL CO-SD | |
| <020> | Program Year | 2015 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari 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> | kjflanagan@alliancecom.net | |
| | | | |
| | | | |
| HECK t | he boxes below to note compliance as a recipient of Incremental Connect Amer | ica Phase I support, frozen High Cost support, High Cos | t 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 do | cuments attached below is accurate. |
| | | | |
| | | | |
| | Incremental Connect America Phase I reporting | — | 3 |
| 2010> | 2nd Year Certification {47 CFR § 54.313(b)(1)} | | |
| 2011> | 3rd Year Certification {47 CFR § 54.313(b)(2)} | | |
| | Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)} | | |
| 2012> | 2013 Frozen Support Certification | F | 7 |
| 2013> | 2014 Frozen Support Certification | | 4 |
| 2014> | 2015 Frozen Support Certification | | = |
| 2015> | 2016 and future Frozen Support Certification | | ╡ |
| | | | - |
| | 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)} | II | 7 |
| 2017> | 3rd year Broadband Service Certification | | 4 |
| <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 suppor | | |
| | addresses of community anchor institutions to which began providi preceding calendar year. | ng access to broadband service in the | |
| | preceding calcillar year. | | |
| | | | |
| | | | |
| | | | |
| | | | |

<2021> Interim Progress Community Anchor Institutions

| | | | |
|---|------|--|--|
| 1 | | | |
| | | | |
| | | | |
| 1 | | | |
| 1 | | | |
| | | | |
| | | | |
| 1 | | | |
| 1 | | | |
| | | | |
| 1 | | | |
| 1 | | | |

Name of Attached Document Listing Required Information

Page 11

REDACTED - FOR PUBLIC INSPECTION

(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 | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari 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> | kjflanagan@alliancecom.net |
| CHECK t | | nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 4 he 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)) | Name of Attached Document Listing Required Information |
| (3011) | Please check this box to confirm that the attached document(s), on line $\frac{2}{5}$ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addre providing access to broadband service in the preceding calendar year. | 3012 contains the required information pursuant to |
| (3012) | Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} | Name of Attacked Decument Listing Dequired Information |
| · / | Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} If yes, does your company file the RUS annual report | Name of Attached Document Listing Required Information (Yes/No) (Yes/No) |
| Please | check these boxes to confirm that the attached document(s), on line 301 | 7, 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 Ca | ash Flows |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | 391405sd3017.pdf, 391405sd3017.xlsx |
| (3018) | If the response is no on line 3014, Is your company audited? | |
| | If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to \S 54.313(f)(2), contains | |
| (3019) | Ėither a copy of their audited financial statement; or (2) a financial report $% \left({n_{\rm c}} \right)$ in a financial statement; or (2) a financial report $\left({n_{\rm c}} \right)$ | ormat comparable to RUS Operating Report for Telecommunications |
| (3020) | Document(s) for Balance Sheet, Income Statement and Statement of C | ash Flows |
| (3021) | Management letter 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) (3025) | Underlying information subjected to an officer certification. Document(s) for Balance Sheet, Income Statement and Statement of Ca | ash Flows |
| (3026) | Attach the worksheet listing required information | |
| | - | Name of Attached Document Listing Required Information |

| | tion - Reporting Carrier lection 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 | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari 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> | kjflanagan@alliancecom.net |

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

| Certification of Officer as to the Acc | curacy of the Data Reported for the Annual Reporting for CAF or LI Recipients | | | |
|--|--|--|--|--|
| sertify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support cipients; 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 | Date | | | |
| Printed name of Authorized Officer: Kari Flanaan | | | | |
| Title or position of Authorized Officer: CFO | | | | |
| Telephone number of Authorized Officer: 6055948228 ext. | | | | |
| Study Area Code of Reporting Carrier: 391405 | Filing Due Date for this form: 07/01/2014 | | | |
| , , | shed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment er Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

Certification - Agent / Carrier FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 Data Collection Form July 2013 391405 <010> Study Area Code <015> Study Area Name HILLS TEL CO-SD <020> Program Year 2015 <030> Contact Name - Person USAC should contact regarding this data Kari Flanagan 6055948228 ext. <035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> kjflanagan@alliancecom.net

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

| Certification of Officer to Aut | orize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|---|--|---|
| I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; n agent; and, to the best of my knowledge, the reports and | is authorized to submit the information reported on behalf of the report y responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the 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 ca | 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. | t |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Ager | nt Authorized to File Annual Reports for CAF or LI Recipients | s on Behalf of Reporting Carrier | | | |
|---|--|--|--|--|--|
| 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 he 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 Age | ent | | | | |
| 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 fo | orm can be punished by fine or forfeiture under the Communications Act of 193 18 of the United States Code, 18 U.S.C. § 1001. | 4, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title | | | |

Page 13

Attachments

REDACTED - FOR PUBLIC INSPECTATION - FOR PUBLIC INSPECTION

| (200) Service Data Collect | | orting (Vo | pice) | | | | | C | FCC Form 481 DMB Control N July 2013 | lo. 3060-0986/OMB Contr | ol No. 3060-0819 |
|---|------------------------------------|---|-----------------------------------|---------------------------------------|--|-----------------------------------|---|------------------|---|---|---------------------------------|
| <010> St | udy Area Code | 2 | | | | 3 | 391405 | | | | |
| <015> St | udy Area Nam | е | | | | I | HILLS TEL | CO-SD | | | |
| <020> Pr | rogram Year | | | | | : | 2015 | | | | |
| <030> Co | ontact Name - | Person US | AC should cont | act regardi | ng this data | | Kari Flana | | | | |
| | | | | | ntified in data li | | 5055948228 | | | | |
| | ontact Email A | ddress - En | nail Address of | person ide | ntified in data l | ine <030> k | flanagan | Calliancecom.net | | | |
| <220> | .l. 4. | .1.2. | .1. 2. | .1. 4. | | | | | .6 | | |
| <a> NORS Reference Number | <b1> Outage Star Date</b1> | <b2> Outage t Start Time</b2> | <b3> Outage End Date</b3> | <b4> Outage End Time</b4> | <c1> Number of Customers Affected</c1> | <c2> Total Number of</c2> | <d> 911 Facilities Affected</d> | Comitor Outron | <pre><f> Did This Outage Affect Multiple Study Areas (Yes / No)</f></pre> | <g> Service Outage Resolution</g> | <h> Preventative Procedures</h> |
| | Date | | | | | Customers | (Yes / No) | | | Resolution | Procedures |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

REDACTED - FOR PUBLIC INSPECTATION FOR PUBLIC INSPECTION

| | ce Offerings i lection Form | ncluding Voice Rate I | Data | | | | (| CC Form 481 DMB Control No. 3060-0986/OM uly 2013 | B Control No. 3060-0819 | | |
|----------------|--------------------------------|--|-------------------|-----------------------|-----------------------------------|------------------------------|-----------------------------|---|-------------------------------|--|--|
| <010> | Study Area C | ode | | | 391405 | | | | | | |
| <015> | , Study Area N | | | | HILLS TEL | HILLS TEL CO-SD | | | | | |
| <020> | Program Yea | r | | | 2015 | | | | | | |
| <030> | Contact Nam | e - Person USAC should | d contact regard | ing this data | Kari Flana | gan | | | | | |
| <035> | Contact Tele | phone Number - Numb | er of person ide | ntified in data line | <030> 6055948228 | ext. | | | | | |
| <039> | Contact Ema | il Address - Email Addre | ess of person ide | entified in data line | e <030> kjflanagan | @alliancecom.net | | | | | |
| <701> <702> | | ocal Service Charge Effe wide Residential Local S | | | /1/2014 | | | | | | |
| <703> | | | | | | | | | | | |
| | <a1></a1> | <a2></a2> | <a3></a3> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <b5></b5> | <c></c> | | |
| | State | Exchange (ILEC) | SAC (CETC) | Rate Type | Residential Local Service Rate | State Subscriber Line Charge | State Universal Service Fee | Mandatory Extended Area Service Charge | Total per line Rates and Fees | | |
| | | | | | | | | | | | |

REDACTED - FOR PUBLIC INSPECTION REDACTED - FOR PUBLIC INSPECTION

| (710) Bro | adband Pri | ce Offerings | | | | | | | FCC Form 4 | 481 |
|----------------|--------------------------|---------------------------|----------------------|-------------------------|---------|-------------------------|---|---|-------------------------|--|
| Data Coll | ection Forn | n | | | | | | | OMB Contr July 2013 | rol No. 3060-0986/OMB Control No. 3060-0819 |
| | o | | | | | | | | | |
| <010> <015> | Study Area | | | | | 391405 | | | | |
| <015> | Study Area Program Ye | | | | | | | | | |
| <030> | - | me - Person USAC shoul | d contact regarding | this data | | Kari Flanagan | | | | |
| <035> | | lephone Number - Numb | | | > | | | | | |
| <039> | Contact En | nail Address - Email Addr | ess of person identi | fied in data line <030 |)> | | | | | |
| | | | | | | | | | | |
| <711> | <a1></a1> | <a2></a2> | <b1></b1> | <b2></b2> | <c></c> | <d1></d1> | <d2></d2> | > <d3></d3> | | <d4></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} |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

REDACTED - FOR PUBLIC INSPECTION REDACTED - FOR PUBLIC INSPECTION

| | adband Pri ection Forn | ce Offerings 1 | | | | | | FCC Form 4 OMB Conti July 2013 | 481 rol No. 3060-0986/OMB Control No. 3060-0819 |
|-------|---------------------------|--------------------------|-----------------------|-------------------------|-------------------------|-----------|---|--------------------------------------|--|
| <010> | Study Area | Code | | | 391405 | | | | |
| <015> | | | | | | | | | |
| <020> | | | | | | | | | |
| <030> | • | | | | | | | | |
| <035> | | | | | | | | | |
| <039> | Contact En | ail Address - Email Addr | ress of person identi | fied in data line <030 |)> | | | | |
| | | | | | | | | | |
| <711> | <a1></a1> | <a2></a2> | <b1></b1> | <b2></b2> | <c> <d1></d1></c> | <d2></d2> | <d3></d3> | | <d4></d4> |
| | State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rates and Fees | | Broadband Service -Upload Speed (Mbps) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached {select} |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | _ | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | erating Companies lection 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 CC | -SD | |
| <020> | Program Year 2015 | | |
| <030> | Contact Name - Person USAC should contact regarding this data Kari Flanaga | n | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> 6055948228 e | xt. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> kjflanagan@a | lliancecom.net | |
| <810> | Reporting Carrier Alliance Communications Cooperative, IncHills, SD | | |
| <811> | Holding Company | | |
| <812> | Operating Company Alliance Communications Cooperative, Inc. | | |
| | | | |
| <813> | <a1></a1> | <a2></a2> | <a3></a3> |
| <813> | <a1> Affiliates</a1> | <a2></a2> | <a3> Doing Business As Company or Brand Designation</a3> |
| <813> | | | |
| <813> | Affiliates | SAC | Doing Business As Company or Brand Designation |
| <813> | Affiliates Alliance Communications Cooperative, IncSplitrock | SAC 391657 | Doing Business As Company or Brand Designation Alliance Communications |
| <813> | Affiliates Alliance Communications Cooperative, IncSplitrock Alliance Communications Cooperative, IncHills, IA | SAC 391657 351405 | Doing Business As Company or Brand Designation Alliance Communications Alliance Communications |
| <813> | Affiliates Alliance Communications Cooperative, IncSplitrock Alliance Communications Cooperative, IncHills, IA Alliance Communications Cooperative, IncHills, MN | SAC 391657 351405 361405 | Doing Business As Company or Brand Designation Alliance Communications Alliance Communications Alliance Communications |
| <813> | Affiliates Alliance Communications Cooperative, IncSplitrock Alliance Communications Cooperative, IncHills, IA Alliance Communications Cooperative, IncHills, MN | SAC 391657 351405 361405 | Doing Business As Company or Brand Designation Alliance Communications Alliance Communications Alliance Communications |
| <813> | Affiliates Alliance Communications Cooperative, IncSplitrock Alliance Communications Cooperative, IncHills, IA Alliance Communications Cooperative, IncHills, MN | SAC 391657 351405 361405 | Doing Business As Company or Brand Designation Alliance Communications Alliance Communications Alliance Communications |
| <813> | Affiliates Alliance Communications Cooperative, IncSplitrock Alliance Communications Cooperative, IncHills, IA Alliance Communications Cooperative, IncHills, MN | SAC 391657 351405 361405 | Doing Business As Company or Brand Designation Alliance Communications Alliance Communications Alliance Communications |
| <813> | Affiliates Alliance Communications Cooperative, IncSplitrock Alliance Communications Cooperative, IncHills, IA Alliance Communications Cooperative, IncHills, MN | SAC 391657 351405 361405 | Doing Business As Company or Brand Designation Alliance Communications Alliance Communications Alliance Communications |
| <813> | Affiliates Alliance Communications Cooperative, IncSplitrock Alliance Communications Cooperative, IncHills, IA Alliance Communications Cooperative, IncHills, MN | SAC 391657 351405 361405 | Doing Business As Company or Brand Designation Alliance Communications Alliance Communications Alliance Communications |
| <813> | Affiliates Alliance Communications Cooperative, IncSplitrock Alliance Communications Cooperative, IncHills, IA Alliance Communications Cooperative, IncHills, MN | SAC 391657 351405 361405 | Doing Business As Company or Brand Designation Alliance Communications Alliance Communications Alliance Communications |
| <813> | Affiliates Alliance Communications Cooperative, IncSplitrock Alliance Communications Cooperative, IncHills, IA Alliance Communications Cooperative, IncHills, MN | SAC 391657 351405 361405 | Doing Business As Company or Brand Designation Alliance Communications Alliance Communications Alliance Communications |

REDACTED - FOR PUBLIC INSPECTION REDACTED - FOR PUBLIC INSPECTION

Five-Year Plan Language for exchanges at or near deployed

Pursuant to 47 C.F.R. 54.202(a)(1)(ii), Alliance Communications Cooperative, Inc. (Alliance) submits a five-year plan that describes with specificity proposed improvements or upgrades to its network throughout its proposed service area. Alliance also provides estimates regarding the area and population that will be served as a result of the improvements. This plan is based on Alliance's current business and financial conditions and is subject to change as a result of changes in those conditions.

Pursuant to 47 C.F.R. 54.313, in each subsequent year, Alliance will file a progress report on its five-year service quality improvement plan pursuant to 54.202(a), including maps detailing its progress towards meeting its plan targets, an explanation of how much universal service support was received and how it was used to improve service quality, coverage, or capacity, and an explanation regarding any network improvement targets that have not been fulfilled in the prior calendar year.

As of January 1, 2014, ______ or ____ customers in Alliance's 391405 Study Area (Exchanges served; ______, ____,

have access to broadband Internet service through Alliance's fiber optic facilities. Subscribers served by these facilities have access that meets or exceeds the 4/1 Mbps standard. No capital improvements are required for those subscribers meeting the 4/1 Mbps standard other than maintenance of facilities and as such, no capital investment to these subscribers is outlined in this plan.

Although no capital improvements are required in the Alliance service area to bring subscribers to the 4/1 Mbps standard, Alliance incurred approximately in depreciation expense and in on-going maintenance and operating expenses in calendar year 2013. It is reasonable to expect depreciation, maintenance, and operating expenses for the 2015 through 2019 calendar years will continue at similar amounts.

FCC Form 481 - Line 510

391405SD510

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:
 - o 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

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.

Page 2 of 2

SAC: 361405, 391405, 391657 State: MN Alliance Communications Cooperative, Inc. Form 481 Line No.: 610 Description of Functionality in Emergency Situations

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:
 - $\circ~$ 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.

FCC Form 481 - Line 1210

391405sd1210

ALLIANCE COMMUNICATIONS COOPERATIVE, INC.

Lifeline Terms and Conditions (SD & IA)

Alliance Communications Cooperative, Inc. offers Lifeline program-supported service to qualified lowincome residential consumers. The federal Lifeline and Minnesota Telephone Assistance Plan (TAP) programs provide monthly telephone service discounts on one telephone line or wireless telephone per household to eligible low-income consumers to help them establish and maintain telephone service by lowering the cost of basic, monthly local telephone service. The federal Lifeline monthly discount is typically between \$8 and \$10. The TAP provides an additional \$2.50 monthly discount on local telephone service. In addition, the Federal Universal Service Charge is not assessed to consumers participating in Lifeline. Long distance blocking (either toll limitation or toll blocking) is available to eligible Lifeline consumers at no cost. Consumers who are eligible for Minnesota Telephone Discounts for landline service do not have to pay a deposit if they agree to block long distance service.

Lifeline Program Eligibility Information

Program Based Eligibility

Consumers are eligible for Lifeline if they, one of their dependents or their household participate in one of the following qualifying assistance programs:

Minnesota Family Investment Program (MFIP)/Temporary Assistance for Needy Families (TANF) Low-Income Home Energy Assistance Program (LIHEAP) Federal Public Housing Assistance (Section 8) Supplemental Nutrition Assistance Program (SNAP/Food Stamps) Medicaid/Medical Assistance National School Lunch Program's Free Lunch Program Supplemental Security Income (SSI)

Lifeline applicants must present documentation demonstrating eligibility either through participation in one of the qualifying federal assistance programs or through income-based means.

Acceptable documentation of program-based eligibility includes: current or prior year's statement of benefits from a qualifying state, federal or Tribal program; notice letter of participation in a qualifying state, federal or Tribal program; program participation documents; or another official document evidencing the consumer's participation in a qualifying state, federal or Tribal program.

Income Based Eligibility

In addition, consumers are eligible for Lifeline if their household income is at or below 135% of the federal poverty guidelines.

| Household Size | 48 Contiguous States and D.C. | Alaska | Hawaii |
|----------------|----------------------------------|----------|----------|
| 1 | \$15,755 | \$19,683 | \$18,117 |
| 2 | \$21,236 | \$26,541 | \$24,422 |
| 3 | \$26,717 | \$33,399 | \$30,726 |
| 4 | \$32,198 | \$40,257 | \$37,031 |
| 5 | \$37,679 | \$47,115 | \$43,335 |
| 6 | \$43,160 | \$53,973 | \$49,640 |
| 7 | \$48,641 | \$60,831 | \$55,944 |
| 8 | \$54,122 | \$67,689 | \$62,249 |

2014 Federal Poverty Guidelines - 135%

FCC Form 481 – Line 1210

| For each additional | \$5,481 | \$6,858 | \$6,305 |
|---------------------|---------|---------|---------|
| person, add | | | |

Acceptable documentation of income eligibility includes: prior year's state, federal or Tribal tax return; current income statement from an employer or paycheck stub; social security statement of benefits; Veterans Administration statement of benefits; retirement/pension statement of benefits; unemployment/workmen's compensation statement of benefits; federal or Tribal notice of letter participating in General Assistance; or a divorce decree or child support award or other official document containing income information.

Numbers of Minutes-of-Use Provided as Part of Lifeline Program Service

Alliance Communications Cooperative, Inc.'s Voice Lifeline service includes unlimited local minutes-of-use within the toll-free calling area. Alliance Communications Cooperative, Inc.'s Voice Lifeline Plan does not include any free minutes-of-use for toll. Toll is billed at the standard toll rate depending on which interexchange carrier the consumer subscribes to for toll service. As part of the Lifeline service, Toll blocking is available to eligible consumers at no cost.

<u>Rates</u>

Subscribers may receive the Lifeline credit on any type or grade of local service, including bundled services that are normally offered by Alliance Communications Cooperative, Inc.. Advertised rates do not include any applicable taxes or surcharges.

Recertification of Lifeline Eligibility

Lifeline recipients are required to recertify their eligibility annually. Failure to properly recertify a recipient's continued eligibility for the Lifeline program will result in termination of the Lifeline recipient's monthly Lifeline discount and de-enrollment from the Lifeline Program.

Additional Lifeline Program Information

The Lifeline program is limited to one benefit per household, consisting of either wireline or wireless service. A household is defined, for purposes of the Lifeline program, as an individual or group of individuals who live together at the same address and share income and expenses. Lifeline is a government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

ALLIANCE COMMUNICATIONS COOPERATIVE, INC. (MN)

Lifeline Terms and Conditions

Alliance Communications Cooperative, Inc. offers Lifeline program-supported service to qualified lowincome residential consumers. The federal Lifeline and Minnesota Telephone Assistance Plan (TAP) programs provide monthly telephone service discounts on one telephone line or wireless telephone per household to eligible low-income consumers to help them establish and maintain telephone service by lowering the cost of basic, monthly local telephone service. The federal Lifeline monthly discount is typically between \$8 and \$10. The TAP provides an additional \$2.50 monthly discount on local telephone service.

FCC Form 481 – Line 1210

391405sd1210

In addition, the Federal Universal Service Charge is not assessed to consumers participating in Lifeline. Long distance blocking (either toll limitation or toll blocking) is available to eligible Lifeline consumers at no cost. Consumers who are eligible for Minnesota Telephone Discounts for landline service do not have to pay a deposit if they agree to block long distance service.

Lifeline Program Eligibility Information

Program Based Eligibility

Consumers are eligible for Lifeline if they, one of their dependents or their household participate in one of the following qualifying assistance programs:

Minnesota Family Investment Program (MFIP)/Temporary Assistance for Needy Families (TANF) Low-Income Home Energy Assistance Program (LIHEAP) Federal Public Housing Assistance (Section 8) Supplemental Nutrition Assistance Program (SNAP/Food Stamps) Medicaid/Medical Assistance National School Lunch Program's Free Lunch Program Supplemental Security Income (SSI)

Lifeline applicants must present documentation demonstrating eligibility either through participation in one of the qualifying federal assistance programs or through income-based means.

Acceptable documentation of program-based eligibility includes: current or prior year's statement of benefits from a qualifying state, federal or Tribal program; notice letter of participation in a qualifying state, federal or Tribal program; program participation documents; or another official document evidencing the consumer's participation in a qualifying state, federal or Tribal program.

Income Based Eligibility

In addition, consumers are eligible for Lifeline if their household income is at or below 135% of the federal poverty guidelines.

| Household Size | 48 Contiguous States and D.C. | Alaska | Hawaii |
|---------------------------------|----------------------------------|----------|----------|
| 1 | \$15,755 | \$19,683 | \$18,117 |
| 2 | \$21,236 | \$26,541 | \$24,422 |
| 3 | \$26,717 | \$33,399 | \$30,726 |
| 4 | \$32,198 | \$40,257 | \$37,031 |
| 5 | \$37,679 | \$47,115 | \$43,335 |
| 6 | \$43,160 | \$53,973 | \$49,640 |
| 7 | \$48,641 | \$60,831 | \$55,944 |
| 8 | \$54,122 | \$67,689 | \$62,249 |
| For each additional person, add | \$5,481 | \$6,858 | \$6,305 |

2014 Federal Poverty Guidelines – 135%

Acceptable documentation of income eligibility includes: prior year's state, federal or Tribal tax return; current income statement from an employer or paycheck stub; social security statement of benefits; Veterans Administration statement of benefits; retirement/pension statement of benefits; unemployment/workmen's compensation statement of benefits; federal or Tribal notice of letter participating in General Assistance; or a divorce decree or child support award or other official document containing income information.

FCC Form 481 – Line 1210

Tribal Eligibility

A subscriber who lives on Tribal lands and is an eligible resident of Tribal lands is eligible for Tribal Lifeline service or Tribal Link Up if the subscriber, one or more of the subscriber's dependents, or the subscriber's household participates in any of the above-listed qualifying assistance programs or one of the following Tribal-specific federal assistance programs: Bureau of Indian Affairs General Assistance; Tribally Administered Temporary Assistance for Needy Families; Head Start (if income eligibility criteria are met); or the Food Distribution Program on Indian Reservations (FDPIR). Tribal subscribers may also qualify if the household income is at or below 135% of the Federal Poverty Guidelines.

Numbers of Minutes-of-Use Provided as Part of Lifeline Program Service

Alliance Communications Cooperative, Inc.'s Voice Lifeline service includes unlimited local minutes-of-use within the toll-free calling area. Alliance Communications Cooperative, Inc.'s Voice Lifeline Plan does not include any free minutes-of-use for toll. Toll is billed at the standard toll rate depending on which interexchange carrier the consumer subscribes to for toll service. As part of the Lifeline service, Toll blocking is available to eligible consumers at no cost.

<u>Rates</u>

Subscribers may receive the Lifeline credit on any type or grade of local service, including bundled services that are normally offered by Alliance Communications Cooperative, Inc.. Advertised rates do not include any applicable taxes or surcharges.

Recertification of Lifeline Eligibility

Lifeline recipients are required to recertify their eligibility annually. Failure to properly recertify a recipient's continued eligibility for the Lifeline program will result in termination of the Lifeline recipient's monthly Lifeline discount and de-enrollment from the Lifeline Program.

Additional Lifeline Program Information

The Lifeline program is limited to one benefit per household, consisting of either wireline or wireless service. A household is defined, for purposes of the Lifeline program, as an individual or group of individuals who live together at the same address and share income and expenses. Lifeline is a government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

REDACTED - FOR PUBLIC INSPECTION According to the Paperwork Reduction Act of 1995, an agenc and appropriate project and appropriate to the paperwork Reduction Act of 1995, an agenc and appropriate and appropriate to the paper work Reduction of the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate a

| USDA-RL | JS | | This data will be used by RUS to review your financial situation. You | | | | | |
|--|-----------------------------------|---|--|----------------------------------|---------------|--|--|--|
| | | | and, subject to federal laws and regulations regarding confidential in BORROWER NAME | nformation, will be treated as a | confidential. | | | |
| OPERATING RE | PORT FOR | | Alliance Communications Cooperative, Inc. | | | | | |
| TELECOMMUNICATIO | NS BORROWER | S | (Prepared with Audited Data) | | | | | |
| INSTRUCTIONS-Submit report to RUS within 30 da | avs after close of the p | eriod. | | BORROWER DESIGNATIO |)N | | | |
| For detailed instructions, see RUS Bulletin 1744-2. | | | December, 2013 | | | | | |
| | | CI | ERTIFICATION | | | | | |
| to the best of our knowledge and belief. ALL INSURANCE REQUIRED BY RENEWALS HAVE BEEN OBTAIN | 7 CFR PART 1788 NED FOR ALL PO | , CHAPTER XVI LICIES. (THIS REPORT | ounts and other records of the system and reflect the stat I, RUS, WAS IN FORCE DURING THE REPORTIN PURSUANT TO PART 1788 OF 7CFR CHAPTER M e of the following) | G PERIOD AND | | | | |
| All of the obligations under the RUS loan de have been fulfilled in all material respects. | ocuments | | There has been a default in the fulfillment of the oblig under the RUS loan documents. Said default(s) is/and specifically described in the Telecom Operating Repo | е | | | | |
| | _ | DATE | - | | | | | |
| | _ | PART | A. BALANCE SHEET | | | | | |
| | BALANCE | BALANCE | | BALANCE | BALANCE | | | |
| ASSETS | PRIOR YEAR | END OF PERIOD | LIABILITIES AND STOCKHOLDERS' EQUITY | PRIOR YEAR | END OF PERIC | | | |
| CURRENT ASSETS | | | CURRENT LIABILITIES | | | | | |
| 1. Cash and Equivalents | | | 25. Accounts Payable | | | | | |
| 2. Cash-RUS Construction Fund | | | 26. Notes Payable | | | | | |
| 3. Affiliates: | | | 27. Advance Billings and Payments | | | | | |
| a. Telecom, Accounts Receivable | | | 28. Customer Deposits | | | | | |
| b. Other Accounts Receivable | | | 29. Current Mat. L/T Debt | | | | | |
| c. Notes Receivable | | | 30. Current Mat. L/T Debt-Rur. Dev. | _ _ | | | | |
| 4. Non-Affiliates: | | | 31. Current MatCapital Leases | | | | | |
| a. Telecom, Accounts Receivable | | | 32. Income Taxes Accrued | | | | | |
| b. Other Accounts Receivable | | | 33. Other Taxes Accrued | | | | | |
| c. Notes Receivable | | | 34. Other Current Liabilities | | | | | |
| 5. Interest and Dividends Receivable | | | 35. Total Current Liabilities (25 thru 34) | | | | | |
| 6. Material-Regulated | | | LONG-TERM DEBT | | | | | |
| 7. Material-Nonregulated | | | 36. Funded Debt-RUS Notes | | | | | |
| 8. Prepayments 9. Other Current Assets | | | 37. Funded Debt-RTB Notes 38. Funded Debt-FFB Notes | | | | | |
| 9. Other Current Assets 10. Total Current Assets (1 Thru 9) | | | 38. Funded Debt-FFB Notes 39. Funded Debt-Other | | | | | |
| NONCURRENT ASSETS | | | 40. Funded Debt-Rural Develop. Loan | | | | | |
| 11. Investment in Affiliated Companies | | | 40. Funded Debt-Rural Develop. Loan 41. Premium (Discount) on L/T Debt | | | | | |
| a. Rural Development | | | 42. Reacquired Debt | | | | | |
| b. Nonrural Development | | | 43. Obligations Under Capital Lease | | | | | |
| 12. Other Investments | | | 44. Adv. From Affiliated Companies | | | | | |
| a. Rural Development | | | 45. Other Long-Term Debt | | | | | |
| b. Nonrural Development | | | 46. Total Long-Term Debt (36 thru 45) | | | | | |
| 3. Nonregulated Investments | | | OTHER LIAB. & DEF. CREDITS | | | | | |
| 4. Other Noncurrent Assets | | | 47. Other Long-Term Liabilities | | | | | |
| 5. Deferred Charges | | | 48. Other Deferred Credits | | | | | |
| 6. Jurisdictional Differences | | | 49. Other Jurisdictional Differences | | | | | |
| 7. Total Noncurrent Assets (11 thru 16) | | | 50. Total Other Liabilities and Deferred Credits (47 thru 49) | | | | | |
| PLANT, PROPERTY, AND EQUIPMENT | | | EQUITY | | | | | |
| 8. Telecom, Plant-in-Service | | | 51. Cap. Stock Outstand. & Subscribed | | | | | |
| | | | 52. Additional Paid-in-Capital | | | | | |
| | | 1 | 53. Treasury Stock | | | | | |
| 9. Property Held for Future Use | | | 55. Treasury Slock | | | | | |
| Property Held for Future Use Plant Under Construction | | | 54. Membership and Cap. Certificates | | | | | |
| 9. Property Held for Future Use 20. Plant Under Construction 21. Plant Adj., Nonop. Plant & Goodwill | | | | | | | | |
| 9. Property Held for Future Use 20. Plant Under Construction 21. Plant Adj., Nonop. Plant & Goodwill 22. Less Accumulated Depreciation | | | 54. Membership and Cap. Certificates | | | | | |
| Property Held for Future Use Plant Under Construction Plant Adj., Nonop. Plant & Goodwill Less Accumulated Depreciation Net Plant (18 thru 21 less 22) | | | 54. Membership and Cap. Certificates 55. Other Capital | | | | | |
| 19. Property Held for Future Use 20. Plant Under Construction 21. Plant Adj., Nonop. Plant & Goodwill 22. Less Accumulated Depreciation 23. Net Plant (18 thru 21 less 22) 24. TOTAL ASSETS (10+17+23) | | | Membership and Cap. Certificates Other Capital Patronage Capital Credits | | | | | |

USDARESDACTED - FOR HELESWERDERNESTER CTION

OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

PERIOD ENDING

INSTRUCTIONS- See RUS Bulletin 1744-2

December, 2013

| PART B. STATEMENTS OF INCOME AND RETAINED EAF | NINGS OR MARGINS | |
|---|------------------|-----------|
| ITEM | PRIOR YEAR | THIS YEAR |
| 1. Local Network Services Revenues | | |
| 2. Network Access Services Revenues | | |
| 3. Long Distance Network Services Revenues | | |
| 4. Carrier Billing and Collection Revenues | | |
| 5. Miscellaneous Revenues | | |
| 6. Uncollectible Revenues | | |
| 7. Net Operating Revenues (1 thru 5 less 6) | | |
| 8. Plant Specific Operations Expense | | |
| 9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization) | | |
| 10. Depreciation Expense | | |
| 11. Amortization Expense | | |
| 12. Customer Operations Expense | | |
| 13. Corporate Operations Expense | | |
| 14. Total Operating Expenses (8 thru 13) | | |
| 15. Operating Income or Margins (7 less 14) | | |
| 16. Other Operating Income and Expenses | | |
| 17. State and Local Taxes | | |
| 18. Federal Income Taxes | | |
| 19. Other Taxes | | |
| 20. Total Operating Taxes (17+18+19) | | |
| 21. Net Operating Income or Margins (15+16-20) | | |
| 22. Interest on Funded Debt | | |
| 23. Interest Expense - Capital Leases | | |
| 24. Other Interest Expense | | |
| 25. Allowance for Funds Used During Construction | | |
| 26. Total Fixed Charges (22+23+24-25) | | |
| 27. Nonoperating Net Income | | |
| 28. Extraordinary Items | | |
| 29. Jurisdictional Differences | | |
| 30. Nonregulated Net Income | | |
| | | |
| 31. Total Net Income or Margins (21+27+28+29+30-26) | | |
| 32. Total Taxes Based on Income | | |
| 33. Retained Earnings or Margins Beginning-of-Year | | |
| 34. Miscellaneous Credits Year-to-Date | | |
| 35. Dividends Declared (Common) | ∎∔ | |
| 36. Dividends Declared (Preferred) | ∎∤ | |
| 37. Other Debits Year-to-Date | | |
| 38. Transfers to Patronage Capital | | |
| 39. Retained Earnings or Margins End-of-Period [(31+33+34) - (35+36+37+38)] | | |
| 40. Patronage Capital Beginning-of-Year | | |
| 41. Transfers to Patronage Capital | | |
| 42. Patronage Capital Credits Retired | | |
| 43. Patronage Capital End-of-Year (40+41-42) | | |
| 44. Annual Debt Service Payments | | |
| 45. Cash Ratio [(14+20-10-11) / 7] | | |
| 46. Operating Accrual Ratio [(14+20+26) / 7] | | |
| 47. TIER [(31+26) / 26] | | |
| 48. DSCR [(31+26+10+11) / 44] | | |

USDA-RUS

BORROWER DESIGNATION

PERIOD ENDED

December, 2013

OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

INSTRUCTIONS - See RUS Bulletin 1744-2

| 1 | 1. RAT | | MILE, & HIGH SPEED | | 3. ROUTE MILES | | |
|--------------------------------------|--------|-----|--------------------|-------------|----------------|-------------------|-----|
| EXCHANGE | B-1 | R-1 | BUSINESS | TOTAL FIBEI | | | |
| | | | | RESIDENTIAL | TOTAL | (including fiber) | |
| | (a) | (b) | (a) | (b) | (c) | ` (a) ́ ́ | (b) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| bileWireless | | | | | | | |
| ute Mileage Itside Exchange ea | | | | | | | |
| tal | | | | | | | |
| . Exchanges | | | | | | | |

REDACTED - FOR PUBLIC INSPECTION REDACTED - FOR PUBLIC INSPECTION

USDA-RUS

BORROWER DESIGNATION

PERIOD ENDED

December, 2013

OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

INSTRUCTIONS - See RUS Bulletin 1744-2

| | | | | | | | TTON . | | | |
|---|---|---------------------------------------|---------------------------------|--|--|-----|------------------------|------------------------------|--|--|
| Part C. SUBSCRIBER (ACCESS LINE), ROUTE MILE, & HIGH SPEED DATA INFORMATION | | | | | | | | | | |
| 4. BROADBAND SERVICE Details on Least Expensive Broadband Service | | | | | | | | | | |
| EXCHANGE | No. Access Lines with BB available (a) | No Of Broadband Subscribers (b) | Number Of Subscribers (c) | Advertised Download Rate (Kbps) (d) | Advertised Upload Rate (Kbps) (e) | | Standalone/Pckg (f) | Type Of Technology (g) | | |
| | (u) | (0) | (0) | (u) | (0) | (1) | (1) | (9) | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | ∎ | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | Home | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | - | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | │ ■ | | | | | | | | | |
| otal | | | | | | | • | | | |

| REDACTED - | - FOR PUBL | IC INSPECT | ION | |
|-------------------|------------|------------|-----------|------|
| REDAGIED | - FOR | PUBLIC | CINSPE CO | FIGN |

| REDAG#ED - | FOR PU | IBLIC IN | SPREWER | | | | | | | |
|--|------------------------|-----------------|----------------------------|--------------|-------------------------------|--|--|--|--|--|
| OPERATING REPORT FOR | | | | | | | | | | |
| TELECOMMUNICATIONS BORRO | | | PERIOD ENDING | i | | | | | | |
| | December, 2 | December, 2013 | | | | | | | | |
| INSTRUCTIONS- See RUS Bulletin 1744-2 | | | | | | | | | | |
| | PART D. SYSTEM DATA | | | | | | | | | |
| | 1 | | | | I | | | | | |
| 1. No. Plant Employees 2. No. Other Employees | 3. Square Miles Served | | 4. Access Lines per Square | e Mile | 5. Subscribers per Route Mile | | | | | |
| | PART E. TOLL I | ОАТА | | | | | | | | |
| 1. Study Area ID Code(s) 2. Types of Toll Se | ettlements (Check one | <i>j</i>) | | | | | | | | |
| a. | (| Interstate: | Average Schedule | 9 | X Cost Basis | | | | | |
| b | | | _ | | _ | | | | | |
| c | | Intrastate: | Average Schedule | 9 | X Cost Basis | | | | | |
| | | | | | | | | | | |
| e. | | | | | | | | | | |
| g. | | | | | | | | | | |
| h | | | | | | | | | | |
| i | | | | | | | | | | |
| j | | | | | | | | | | |
| | | | | | | | | | | |
| PART F. FU | NDS INVESTED IN F | LANT DURING YE | AR | | | | | | | |
| 1. RUS, RTB, & FFB Loan Funds Expended | | | | | | | | | | |
| 2. Other Long-Term Loan Funds Expended | | | | | | | | | | |
| 3. Funds Expended Under RUS Interim Approval | | | | | | | | | | |
| 4. Other Short-Term Loan Funds Expended | | | | | | | | | | |
| 5. General Funds Expended (Other than Interim) | | | | | | | | | | |
| 6. Salvaged Materials | | | | | | | | | | |
| 7. Contribution in Aid to Construction | | | | | | | | | | |
| 8. Gross Additions to Telecom. Plant (1 thru 7) | | | | | | | | | | |
| PART G. IN | ESTMENTS IN AFF | ILIATED COMPANI | ES | | | | | | | |
| | CURRENT Y | EAR DATA | | CUMULATIVE D | ATA | | | | | |
| | | | Cumulative | Cumulative | | | | | | |
| INVESTMENTS | Investment | Income/Loss | Investment | Income/Loss | Current | | | | | |
| | This Year | This Year | To Date | To Date | Balance | | | | | |
| (a) | (b) | (c) | (d) | (e) | (f) | | | | | |
| Investment in Affiliated Companies - Rural Development Investment in Affiliated Companies - Nonrural Development | | | | | | | | | | |

Page 5 of 6

| REDACTED - FOR PUBLIC | C INSPECTION |
|------------------------------|-------------------------|
| | BORKEN REGIONANSPECTION |

OPERATING REPORT FOR

TELECOMMUNICATIONS BORROWERS

PERIOD ENDING

December, 2013

PART H. CURRENT DEPRECIATION RATES

Are corporation's depreciation rates approved by the regulatory authority with jurisdiction over the provision of telephone services? (Check one)

X YES

NO

| EQUIPMENT CATEGORY | DEPRECIATION RATE |
|---|-------------------|
| Land and support assets - Motor Vehicles | |
| 2. Land and support assets - Aircraft | |
| Land and support assets - Special purpose vehicles | |
| Land and support assets - Garage and other work equipment | |
| 5. Land and support assets - Buildings | |
| Land and support assets - Furniture and Office equipment | |
| Land and support assets - General purpose computers | |
| 8. Central Office Switching - Digital | |
| Central Office Switching - Analog & Electro-mechanical | |
| 10. Central Office Switching - Operator Systems | |
| 11. Central Office Transmission - Radio Systems | |
| 12. Central Office Transmission - Circuit equipment | |
| 13. Information origination/termination - Station apparatus | |
| 14. Information origination/termination - Customer premises wiring | |
| 15. Information origination/termination - Large private branch exchanges | |
| 16. Information origination/termination - Public telephone terminal equipment | |
| 17. Information origination/termination - Other terminal equipment | |
| 18. Cable and wire facilities - Poles | |
| 19. Cable and wire facilities - Aerial cable - Metal | |
| 20. Cable and wire facilities - Aerial cable - Fiber | |
| 21. Cable and wire facilities - Underground cable - Metal | |
| 22. Cable and wire facilities - Underground cable - Fiber | |
| 23. Cable and wire facilities - Buried cable - Metal | |
| 24. Cable and wire facilities - Buried cable - Fiber | |
| 25. Cable and wire facilities - Conduit systems | |
| 26. Cable and wire facilities - Other | |

| | | - |
|----------|---|-----------------------|
| | USDA-RUS | BORROWER DESIGNATION |
| | | |
| | OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS | PERIOD ENDED |
| INIOT | | December, 2013 |
| INST | RUCTIONS – See help in the online application. | |
| | PART I – STATEMENT OF C | ASH FLOWS |
| 1. | Beginning Cash (Cash and Equivalents plus RUS Construction Fund) | |
| | CASH FLOWS FROM OPERATING ACTIVITI | ES |
| 2. | Net Income | |
| 2 | Adjustments to Reconcile Net Income to Net Cash Provided by | Operating Activities |
| 3. 4. | Add: Depreciation Add: Amortization | |
| 4. 5. | | |
| 5. | Other (Explain) | |
| | | |
| | | |
| | Changes in Operating Assets and Liabilities | |
| 6. | Decrease/(Increase) in Accounts Receivable | |
| 7. | Decrease/(Increase) in Materials and Inventory | |
| 8. | Decrease/(Increase) in Prepayments and Deferred Charges | |
| 9. | Decrease/(Increase) in Other Current Assets | |
| 10. | Increase/(Decrease) in Accounts Payable | |
| 11. | Increase/(Decrease) in Advance Billings & Payments | |
| 12. | Increase/(Decrease) in Other Current Liabilities | |
| 13. | Net Cash Provided/(Used) by Operations | |
| | CASH FLOWS FROM FINANCING ACTIVITI | ES |
| 14. | Decrease/(Increase) in Notes Receivable | |
| 15. | Increase/(Decrease) in Notes Payable | |
| 16. | Increase/(Decrease) in Customer Deposits | |
| 17. | Net Increase/(Decrease) in Long Term Debt (Including Current Maturities) | |
| 18. | Increase/(Decrease) in Other Liabilities & Deferred Credits | |
| 19. | Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certifi | cates & Other Capital |
| 20. | Less: Payment of Dividends | |
| 21. | Less: Patronage Capital Credits Retired | |
| 22. | Other (Explain) | |
| | | |
| | | |
| 23. | Net Cook Drevided///lood) by Einsteing Activities | |
| 23. | Net Cash Provided/(Used) by Financing Activities CASH FLOWS FROM INVESTING ACTIVITIE | |
| 24. | Net Capital Expenditures (Property, Plant & Equipment) | |
| 25. | Other Long-Term Investments | |
| 26. | Other Noncurrent Assets & Jurisdictional Differences | |
| 27. | Other (Explain) | |
| | | I |
| | | |
| | | |
| 28. | Net Cash Provided/(Used) by Investing Activities | |
| 29. | Net Increase/(Decrease) in Cash | |
| 30. | Ending Cash | |
| | | |

Revision Date 2010

| USDA-RUS | BORROWER DESIGNATION |
|--|--------------------------------|
| OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS | |
| INSTRUCTIONS - See RUS Bulletin 1744-2 | PERIOD ENDED December, 2013 |
| NOTES TO THE OPERATING REPORT FO | R TELECOMMUNICATIONS BORROWERS |

| USDA-RUS | BORROWER DESIGNATION | | | | | |
|---|--------------------------------|--|--|--|--|--|
| OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS | | | | | | |
| INSTRUCTIONS - See RUS Bulletin 1744-2 | PERIOD ENDED December, 2013 | | | | | |
| CERTIFICATION LOAN DEFAULT NOTES TO THE OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS | | | | | | |

| FCC For | m 481 - Carrier ArREDACTED - | FOR PU | BLIC | | | 86/OMB Control N | lo. 3060-0819 |
|------------------|---|---------------------|---------------|--|-------------------------|----------------------------------|----------------------------------|
| <010> | Study Area Code | 391657 | | | | | |
| <015> | Study Area Name | SPLITROCK TELECO | OM COOPERA | TIVE INC. | | | |
| <020> | Program Year | 2015 | | | | | |
| <030> | Contact Name: Person USAC should contact with questions about this data | Kari Flanagan | | | | | |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 6055948228 ext. | | | | | |
| <039> | Contact Email Address: Email of the person identified in data line <030> | kjflanagan@allia | ancecom.ne | t | | | |
| ANNUA | L REPORTING FOR ALL CARRIERS | | | | | 54.313 Completion Required | 54.422 Completion Required |
| <100> | Service Quality Improvement Reporting | | (compl | ete attached works | heet) | (check box whe | in complete) |
| <200> | Outage Reporting (voice) | | (compl | ete attached works | heet) | ~ | ~ |
| <210> | <pre></pre> | outages to report | | | [| ~ | |
| <300> | Unfulfilled Service Requests (voice) | | | | 1 | | |
| <310> | Detail on Attempts (voice) | | | | | | |
| | | | | | (attach descriptive doo | cument) | |
| <320> | Unfulfilled Service Requests (broadband) | | | | 7 | ~ | |
| <330> | Detail on Attempts (broadband) | | | | (attach descriptive de | ocument) | |
| | | | | | | | |
| <400> <410> | Number of Complaints per 1,000 customers (voice) Fixed | | | | | | |
| <420> | Mobile 0.0 | | | | | <i>v</i> | ~ |
| | Number of Complaints per 1,000 customers (broad | pand) | | | | ~ | |
| <440> <450> | Fixed 0.0 Mobile 0.0 | | | | | | |
| <500> | Service Quality Standards & Consumer Protection R 391657SD510.pdf | ules Compliance | (checi | to indicate certific | ation) | v | V |
| <510> | | | (att | ached descriptive a | locument) | ~ | ~ |
| <600> | Functionality in Emergency Situations | | (checi | to indicate certific | ation) | V | ~ |
| | 391657SD610.pdf | | | , | , | | |
| <610> | | | (attach | ed descriptive docu | ıment) | v | ~ |
| | | | | | | L ~ H | |
| <700> <710> | Company Price Offerings (voice) Company Price Offerings (broadband) | | | lete attached work | | | |
| <800> | Operating Companies and Affiliates | | | lete attached work | | | ~ |
| | Tribal Land Offerings (Y/N)? | | | lete attached work | | | |
| <1000> | Voice Services Rate Comparability | | (checi | c to indicate certific | ation) | | |
| <1010> | | | (atta | ch descriptive docu | ment) | | |
| <1100> | Terrestrial Backhaul (Y/N)? | | (if not, chec | k to indicate certifi | cation) | | |
| <1110> <1200> | Terms and Condition for Lifeline Customers | | | olete attached work olete attached work | | | ~ |
| | Price Cap Carriers, Proceed to Price Cap Additional | Documentation W | orksheet | | | | |
| ~2000- | Including Rate-of-Return Carriers affiliated with Pr | ice Cap Local Excho | - | | | п | 12222 |
| <2000> <2005> | Pate of Deturn Carriere Dressed to DOD Additional | Documentation 14 | (comp | to indicate certificate to indicate certificate to indicate certificate to the total structure to the total struct | | | |
| <3000> | Rate of Return Carriers, Proceed to <u>ROR Additional</u> | | | to indicate certific | ation) | ~ | |
| <3005> | | | | lete attached works | | ~ | |

1

Page 1

| | ervice Quality Improvement Reporting Illection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|----------------|--|------------------------------------|--|
| <010> | Study Area Code | 391657 | |
| <015> | Study Area Name | SPLITROCK TELECOM COOPERATIVE INC. | |
| <020> | Program Year | 2015 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari 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> | kjflanagan@alliancecom.net | |
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) 🔘 💽 | |
| <111> | 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) O O | |
| <112> | 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. 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 of CETC which only receives frozen support, your progress report is only required to address voice telephony service. Please check these boxes below to confirm that the attached documents(s), on li 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. | | Name of Attached Document |
| <113> | Maps detailing progress towards meeting plan targets | | |
| <114> | Report how much universal service (USF) support was received | | |
| <115> | How (USF) was used to improve service quality | | |
| <116> | How (USF)was used to improve service coverage | <u> </u> | |
| <117> <118> | How (USF) was used to improve service capacity Provide an explanation of network improvement targets not met in the prior calendar year. | | |
| | | | |

| | vice Outage R lection Form | eporting (Void | ce) | | | | | | ON | C Form 481 /IB Control No. 3060 y 2013 | -0986/OMB Control N | o. 3060-0819 |
|-------|-------------------------------|--|----------------------|--------------------|--------------------|-------------------------------------|------------------------------|--|---|---|------------------------------|----------------------------|
| <010> | Study Area Co | ode | | | | 391657 | | | | | | |
| <015> | | Study Area Name SPLITROCK TELECOM COOPERATIVE INC. | | | | | | | | | | |
| <020> | Program Year | | | | | 2015 | | | | | | |
| <030> | Contact Name | e - Person USA | C should contac | t regarding this | s data | Kari Flanas | yan | | | | | |
| <035> | Contact Telep | hone Number | - Number of pe | erson identified | in data line <0 | 30> ⁶⁰⁵⁵⁹⁴⁸²²⁸ | ext. | | | | | |
| <039> | Contact Emai | Address - Ema | il Address of pe | erson identified | in data line <0 |)30> kjflanagan@ | alliancecom.net | | | | | |
| <220> | <a> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <c1></c1> | <c2></c2> | <d></d> | <e></e> | <f></f> | <g></g> | <h></h> |
| | NORS Reference Number | Outage Start Date | Outage Start Time | Outage End Date | Outage End Time | Number of Customers Affected | Total Number of Customers | 911 Facilities Affected (Yes / No) | Service Outage Description (Check all that apply) | Did This Outage Affect Multiple Study Areas (Yes / No) | Service Outage Resolution | Preventative Procedures |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | 9 | See attached | 4 | | | | |
| | | | | | | wo | rksheet | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | ce Offerings in ection Form | cluding Voice Rate D | ata | | | | C | CC Form 481 DMB Control No. 3060-0986/OM uly 2013 | B Control No. 3060-0819 |
|----------------|--------------------------------|--|------------------|-----------------------|-------------------|------------------------------|-----------------------------|---|-------------------------------|
| <010> | Study Area Co | de | | | 391657 | | | | |
| <015> | , Study Area Na | | | | | FELECOM COOPERATIVE INC. | | | |
| <020> | Program Year | - | | | 2015 | | | | |
| <030> | Contact Name | - Person USAC should | contact regard | ing this data | Kari Flana | gan | | | |
| <035> | Contact Telep | hone Number - Numbe | er of person ide | entified in data line | | | | | |
| <039> | Contact Email | Address - Email Addre | ss of person ide | entified in data line | <030> kjflanagan | @alliancecom.net | | | |
| <701> <702> | | cal Service Charge Effe ide Residential Local S | | 1/1 | 0 | | | | |
| <703> | <a1></a1> | <a2></a2> | <a3></a3> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <b5></b5> | <c></c> |
| | | | | | Residential Local | | | Mandatory Extended Area | |
| | State | Exchange (ILEC) | SAC (CETC) | Rate Type | Service Rate | State Subscriber Line Charge | State Universal Service Fee | Service Charge | Total per line Rates and Fees |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | See at | tached worksheet | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | I | | | 1 | | L | 1 | 1 | |

| | adband Price Offerings lection Form | | | | | | FCC Form OMB Cont July 2013 | | OMB Control No. 3060-0819 | |
|-------|--|----------------------------------|-----------------------|-------------------------|---------------------|---|--|-------------------------|---|--|
| <010> | Study Area Code | | | 391657 | | | | | | |
| <015> | Study Area Name | | | SPLITROCK TELEC | COM COOPERATIVE IN | c. | | | | |
| <020> | Program Year | | | 2015 | | | | | | |
| <030> | Contact Name - Person U | SAC should contact regarding th | his data | Kari Flanagan | | | | | | |
| <035> | Contact Telephone Numb | oer - Number of person identifie | ed in data line <030> | 6055948228 ext. | • | | | | | |
| <039> | Contact Email Address - E | mail Address of person identifie | ed in data line <030> | kjflanagan@all | iancecom.net | | | | | |
| | | | | | | | | | | |
| <711> | <a1></a1> | <a2></a2> | <b1></b1> | <b2></b2> | <c></c> | <d1></d1> | <d2></d2> | <d3></d3> | <d4></d4> | |
| | State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rate and Fees | Broadband Service - Download Speed (Mbps) | Broadband Service - Upload Speed (Mbps) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached { <i>select</i> } | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | - See attac | hod | | | | | |
| | | | | | lieu | | | | | |
| | | | | worksheet - | Ť | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | 1 | | | | | | | |
| | | | 1 | | | | | | | |
| | | | 1 | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | + | | | | | | | |
| | | + | + | | | | | | | |
| | L | <u> </u> | | I | 1 | 1 | 1 | | 1 | |

Page 5

| | erating Companies ection Form | | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-------|---|----------------|-----------------------|--|
| <010> | Study Area Code | 391657 | | |
| <015> | Study Area Name | CDI TTDOCK TEI | ECOM COOPERATIVE INC | |
| <020> | Program Year | 2015 | LECOM COOPERATIVE INC | |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari Flanagan | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6055948228 ex | | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kjflanagan@al | lliancecom.net | |
| <810> | Reporting Carrier Alliance Communications Cooperative, Inc-Spl | itrock. | | |
| <811> | Holding Company | | | |
| <812> | Operating Company Alliance Communications Cooperative, Inc. | | | |
| | | | | |
| <813> | <a1></a1> | | <a2></a2> | <a3></a3> |
| | Affiliates | | SAC | Doing Business As Company or Brand Designation |
| = | | | | |
| - | | | | |
| - | | | | |
| - | | | | |
| - | | See atta | ached workshe | eet |
| - | | | | |
| - | | | | |
| - | | | | |
| - | | | | |
| - | | | | |
| - | | | | |
| | | | | |
| - | | | | |
| - | | | | |
| - | | | | |
| - | | | | |
| - | | | | |
| - | | | | |
| - | | | | |
| - | | | | |
| - | | | | l |
| - | | | | |
| | | | | |

| | oal Lands Reporting ection Form | | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. July 2013 | 3060-0819 |
|--------------------|--|------------------------|------------------------------------|--|-----------|
| <010> | Study Area Code | 3 | 391657 | | |
| <015> | Study Area Name | 5 | SPLITROCK TELECOM COOPERATIVE INC. | | |
| <020> | Program Year | : | 2015 | | |
| <030> | Contact Name - Person USAC should contact regarding this data | I | Kari 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> | kjflanagan@alliancecom.net | | |
| <910> | Tribal Land(s) on which ETC Serves | | | | |
| <920> | Tribal Government Engagement Obligation | | Name of Attached | d Document | |
| to confi demons | company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to 3(a)(9) includes: | Selec (Yes,N NA) | 0, | | |
| <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. | | | | |
| | | | | | |

| | o Terrestrial Backhaul Reporting lection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--------|---|--|
| <010> | Study Area Code | 391657 |
| <015> | Study Area Name | SPLITROCK TELECOM COOPERATIVE INC. |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari 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> | kjflanagan@alliancecom.net |
| <1120> | Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) | |
| <1130> | Please check this box 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) | |

| Lifeline | rms and Condition for Lifeline Customers ection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|------------|--|--|
| | | |
| <010> | Study Area Code | 391657 |
| <015> | Study Area Name | SPLITROCK TELECOM COOPERATIVE INC. |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari 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> | kjflanagan@alliancecom.net |
| <1210> | ³ Terms & Conditions of Voice Telephony Lifeline Plans | 91657sd1210.pdf Name of Attached Document |
| <1220> | Link to Public Website HTTP ht | tp://www.alliancecom.net/support/forms/lifeline-form |
| or the wel | neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to a)(2) annual reporting for ETCs receiving low-income support, carriers must eport: | |
| <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. | |
| | | |

Page 9

| 2000) P | rice Cap Carrier Additional Documentation | FCC | Form 481 | |
|--------------------------------------|--|---|---|--|
| oata Col | lection Form | OM | OMB Control No. 3060-0986/OMB Control No. 3060-0819 | |
| ncluding | Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers | July | 2013 | |
| | | | | |
| <010> | Study Area Code | 391657 | | |
| <015> | Study Area Name | SPLITROCK TELECOM COOPERATIVE INC. | | |
| <020> | Program Year | 2015 | | |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari 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> | kjflanagan@alliancecom.net | | |
| | | | | |
| HECK t | | ica Phase I support, frozen High Cost support, High Cost support to offset access ch e) the information reported on this form and in the documents attached below is a | - | |
| | Incremental Connect America Phase I reporting | | | |
| <2010> | 2nd Year Certification {47 CFR § 54.313(b)(1)} | | | |
| <2011> | 3rd Year Certification {47 CFR § 54.313(b)(2)} | | | |
| | Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)} | | | |
| <2012> | 2013 Frozen Support Certification | | | |
| <2013> | 2014 Frozen Support Certification | | | |
| <2014> | 2015 Frozen Support Certification | | | |
| <2015> | 2016 and future Frozen Support Certification | | | |
| | | | | |
| | Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} | | | |
| <2016> | Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification Support Used to Build Broadband | | | |
| <2016> | | | | |
| | Certification Support Used to Build Broadband | | | |
| <2017> | Certification Support Used to Build Broadband Connect America Phase II Reporting {47 CFR § 54.313(e)} | | | |
| <2016> <2017> <2018> <2019> | Certification Support Used to Build Broadband Connect America Phase II Reporting {47 CFR § 54.313(e)} 3rd year Broadband Service Certification | | | |
| <2017> <2018> <2019> | Certification Support Used to Build Broadband Connect America Phase II Reporting {47 CFR § 54.313(e)} 3rd year Broadband Service Certification 5th year Broadband Service Certification | line 2021, contains the required information : shall provide the number, names, and ng access to broadband service in the | | |
| <2017> <2018> | Certification Support Used to Build Broadband Connect America Phase II Reporting {47 CFR § 54.313(e)} 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II suppor addresses of community anchor institutions to which began providi | line 2021, contains the required information shall provide the number, names, and ng access to broadband service in the | | |
| <2017> <2018> <2019> | Certification Support Used to Build Broadband Connect America Phase II Reporting {47 CFR § 54.313(e)} 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II suppor addresses of community anchor institutions to which began providi | line 2021, contains the required information shall provide the number, names, and ng access to broadband service in the | | |

Name of Attached Document Listing Required Information

Page 11

REDACTED - FOR PUBLIC INSPECTION

(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| <010> | Study Area Code | 391657 |
|---------|---|---|
| <015> | Study Area Name | SPLITROCK TELECOM COOPERATIVE INC. |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari 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> | kjflanagan@alliancecom.net |
| CHECK t | he boxes below to note compliance on its five year service quality plan (pursua | nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 |
| | | ne information reported on this form and in the documents attached below is accurate. |
| | | |
| | | |
| (3010) | Progress Report on 5 Year Plan | |
| (3010) | Milestone Certification {47 CFR § 54.313(f)(1)(i)} | |
| | | Name of Attacked Descent Lister Descind in formation |
| | | Name of Attached Document Listing Required Information |
| | Please check this box to confirm that the attached document(s), on line 3 \$4.313 (f)(1)(ii), the carrier shall provide the number, names, and addre providing access to broadband service in the preceding calendar year. | |
| | | |
| | | |
| (| | |
| (3012) | Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} | |
| | | |
| | | 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 301 | 7, contains the required information pursuant to § 54.313(f)(2) compliance requires: |
| (3015) | Electronic copy of their annual RUS reports (Operating Report for | |
| (5015) | Telecommunications Borrowers) | 4.2.1 |
| (3016) | Document(s) for Balance Sheet, Income Statement and Statement of Ca | sh Flows |
| () | | 391657sd3017.pdf, 391657sd3017.xlsx |
| | | Syloy Baseli, par, Syloy Baseli, Alax |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | |
| | | Name of Attached Document Listing Required Information |
| (3018) | If the response is no on line 3014, Is your company audited? | |
| (3010) | | |
| | 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) | Éither a copy of their audited financial statement; or (2) a financial report in a f | ormat comparable to RUS Operating Report for Telecommunications |
| | | |
| (3020) | Document(s) for Balance Sheet, Income Statement and Statement of C | ash Flows |
| (3021) | Management letter 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, | <u> </u> |
| (3023) | Underlying information subjected to a review by an independent certified | |
| (2020) | public accountant | |
| (3024) | Underlying information subjected to an officer certification. | le la |
| (3025) | Document(s) for Balance Sheet, Income Statement and Statement of G | ash Flows |
| | | |
| | | |
| (3026) | Attach the worksheet listing required information | |
| | | |
| | | |
| | L | Name of Attached Document Listing Required Information |
| | | name of matching bootament about provide an ormation |

| Certification - Reporting Carrier Data Collection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|---|--|
| <010> | Study Area Code | 391657 |
| <015> | Study Area Name | SPLITROCK TELECOM COOPERATIVE INC. |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari 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> | kjflanagan@alliancecom.net |

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

| 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: SPLITROCK TELECOM COOPERATIVE INC | | | | |
| Signature of Authorized Officer: CERTIFIED ONLINE | Date | | | |
| 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: 391657 | Filing Due Date for this form: 07/01/2014 | | | |

Certification - Agent / Carrier FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 **Data Collection Form** July 2013 391657 <010> Study Area Code <015> Study Area Name SPLITROCK TELECOM COOPERATIVE INC. 2015 <020> Program Year <030> Contact Name - Person USAC should contact regarding this data Kari Flanagan 6055948228 ext. <035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> kjflanagan@alliancecom.net

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 | | | | | |
|---|--|--|--|--|--|
| sertify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I so 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 gent; 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: | 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 of | n 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 Ager | nt Authorized to File Annual Reports for CAF or LI Recipients | s 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 Age | ent | | | |
| 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 fo | orm can be punished by fine or forfeiture under the Communications Act of 193 18 of the United States Code, 18 U.S.C. § 1001. | 4, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title | | |

Page 13

Attachments

REDACTED - FOR PUBLIC INSPECTATION - FOR PUBLIC INSPECTION

| (200) Servic Data Collect | e Outage Rep tion Form | orting (Vo | bice) | | | | | | FCC Form 481 OMB Control N July 2013 | o. 3060-0986/OMB Contr | ol No. 3060-0819 |
|------------------------------|---------------------------|------------|--------------------|--------------|-----------------------|------------------------|------------------------|--------------------------|--|------------------------------|------------------|
| <010> S | tudy Area Code | <u>!</u> | | | | 3 | 91657 | | | | |
| | tudy Area Nam | | | | | 5 | SPLITROCK | TELECOM COOPERATIVE INC. | | | |
| | Program Year | - | | | | | 2015 | | | | |
| | Contact Name - | Person US | AC should cont | act regardir | ng this data | K | Cari Flana | gan | | | |
| | Contact Telepho | | | | | | 055948228 | | | | |
| | Contact Email Ad | | | | | | jflanagan | @alliancecom.net | | | |
| <220> | | | | | | | | | | | |
| <a> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <c1></c1> | <c2></c2> | <d></d> | <e></e> | <f></f> | <g></g> | <h></h> |
| NORS | | 0 | | | | | 911 | Service Outage | Did This Outage | | |
| Reference | Outogo Star | Outage | Outogo End | Outage | Number of | Total | Facilities Affected | Description (Check | Affect Multiple | Samiaa Quitaga | Preventative |
| Number | Outage Start Date | Time | Outage End Date | Time | Customers Affected | Number of Customers | (Yes / No) | all that apply) | Study Areas (Yes / No) | Service Outage Resolution | Procedures |
| | - | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

REDACTED - FOR PUBLIC INSPECTATION - FOR PUBLIC INSPECTION

| | ce Offerings including Voice Rate Data lection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-------|---|------------------------------------|--|
| <010> | Study Area Code | 391657 | |
| | Study Area Name | SPLITROCK TELECOM COOPERATIVE INC. | |
| <020> | Program Year | 2015 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Kari 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> | kjflanagan@alliancecom.net | |
| | | | |

1/1/2014

14.0

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

<703>

| <a1></a1> | <a2></a2> | <a3></a3> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <b5></b5> | <c></c> |
|-----------|---------------------------|------------|-----------|-------------------|------------------------------|-----------------------------|-------------------------|-------------------------------|
| 61.1 | E (1 - 1) | | DT | Residential Local | | | Mandatory Extended Area | |
| State | Exchange (ILEC) | SAC (CETC) | Rate Type | Service Rate | State Subscriber Line Charge | State Universal Service Fee | Service Charge | Total per line Rates and Fees |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| L | | L | 1 | 1 | 1 | I I | | 1 |

REDACTED - FOR PUBLIC INSPECTION REDACTED - FOR PUBLIC INSPECTION

| | adband Prio ection Form | ce Offerings 1 | | | | | | FCC Form 4 OMB Contro July 2013 | 81 ol No. 3060-0986/OMB Control No. 3060-08 | 319 |
|-------|----------------------------|--------------------------|-----------------------|------------------------|-------------------|--|----------------------|---------------------------------------|--|-----|
| <010> | Study Area | Code | | | 391657 | | | | | |
| | Study Area | | | | | OM COOPERATIVE INC | | | | |
| <020> | Program Ye | | | | 2015 | | | | | |
| <030> | | me - Person USAC shoul | d contact regarding | this data | Kari Flanagan | | | | | |
| <035> | Contact Tel | ephone Number - Numb | ber of person identif | ied in data line <030 | 6055948228 ext. | | | | | |
| <039> | Contact Em | ail Address - Email Addr | ress of person identi | fied in data line <030 | > kjflanagan@alli | ancecom.net | | | | |
| | | | | | | | | | | |
| <711> | <a1></a1> | <a2></a2> | <b1></b1> | <b2></b2> | <c> <d1></d1></c> | <d2:< th=""><th>> <d3></d3></th><th></th><th><d4></d4></th><th></th></d2:<> | > <d3></d3> | | <d4></d4> | |
| | | 5 J (1150) | Residential | State Regulated | | Broadband Service - | Broadband Service | Usage Allowance | Usage Allowance | |
| | State | Exchange (ILEC) | Rate | Fees | | Download Speed | -Upload Speed (Mbps) | (GB) | Action Taken | |
| | | | | | | (Mbps) | | | When Limit Reached {select} | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | adband Pridection Form | e Offerings | | | | | | | 81 ol No. 3060-0986/OMB Control No. 3 | 8060-0819 |
|-------|------------------------|--------------------------|-----------------------|-----------------------|-------------------|---------------------|----------------------|-----------------|--|-----------|
| | | | | | | | | July 2013 | | |
| <010> | Study Area | Code | | | 391657 | | | | | |
| <015> | Study Area | | | | | OM COOPERATIVE INC | | | | |
| <020> | Program Ye | | | | 2015 | | • | | | |
| <030> | - | me - Person USAC should | d contact regarding | this data | Kari Flanagan | | | | | |
| <035> | | ephone Number - Numb | | | > 6055948228 ext. | | | | | |
| <039> | Contact Em | ail Address - Email Addr | ess of person identif | ied in data line <030 | > kjflanagan@alli | ancecom.net | | | | |
| | | | | | | | | | | |
| <711> | <a1></a1> | <a2></a2> | <b1></b1> | <b2></b2> | <c> <d1></d1></c> | <d2></d2> | <d3></d3> | r | <d4></d4> | |
| | | Fuchance (U.F.C.) | Residential | State Regulated | | Broadband Service - | Broadband Service | Usage Allowance | Usage Allowance | |
| | State | Exchange (ILEC) | Rate | Fees | | Download Speed | -Upload Speed (Mbps) | (GB) | Action Taken | |
| | | | | | | (Mbps) | | | When Limit Reached {select} | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

REDACTED - FOR PUBLIC INSPECTION REDACTED - FOR PUBLIC INSPECTION

| | adband Prie | ce Offerings 1 | | | | | | FCC Form 4 OMB Conti July 2013 | 481 rol No. 3060-0986/OMB Control No. 3060-0819 |
|----------------|-------------|--|----------------------|-------------------------|------------------------------------|---|---|--------------------------------------|--|
| | | | | | | | | | |
| | Study Area | | | | 391657 | | | | |
| <015> | Study Area | | | | | COM COOPERATIVE INC | | | |
| <020> | Program Ye | | | | 2015 | | | | |
| <030> <035> | | me - Person USAC shoul | | | Kari Flanagan > 6055948228 ext. | | | | |
| <039> | | lephone Number - Numb nail Address - Email Addr | | | | | | | |
| <0332 | Contact En | | ess of person identi | | Kjilanaganealli | ancecom.net | | | |
| <711> | <a1></a1> | <a2></a2> | <b1></b1> | <b2></b2> | <c> <d1></d1></c> | <d2></d2> | <d3></d3> | | <d4></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} |
| | | | | | | | | | |
| | | | | | | | | | |
| | | - | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | i | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

|)ata Col | erating Companies lection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-------------------------|--|----------------------|--|
| <010> | Study Area Code 391657 | | |
| <015> | Study Area Name SPLITROCK T | ELECOM COOPERATIVE I | NC. |
| <020> | Program Year 2015 | | |
| <030> | Contact Name - Person USAC should contact regarding this data Kari Flanag | an | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> 6055948228 | ext. | |
| <039> | | alliancecom.net | |
| <810> <811> <812> | Reporting CarrierAlliance Communications Cooperative, Inc-Splitrock.Holding CompanyAlliance Communications Cooperative, Inc. | | |
| <813> | <a1></a1> | <a2></a2> | <a3></a3> |
| | Affiliates | SAC | Doing Business As Company or Brand Designation |
| | Alliance Communications Cooperative, IncHills, IA | 351405 | Alliance Communications |
| | | | |
| | Alliance Communications Cooperative, IncHills, MN | 361405 | |
| | Alliance Communications Cooperative, IncHills, MN Alliance Communications Cooperative, IncHills, SD | 361405 391405 | Alliance Communications Alliance Communications |
| | | | Alliance Communications |
| | Alliance Communications Cooperative, IncHills, SD | 391405 | Alliance Communications Alliance Communications |
| | Alliance Communications Cooperative, IncHills, SD | 391405 | Alliance Communications Alliance Communications |
| | Alliance Communications Cooperative, IncHills, SD | 391405 | Alliance Communications Alliance Communications |
| | Alliance Communications Cooperative, IncHills, SD | 391405 | Alliance Communications Alliance Communications |
| | Alliance Communications Cooperative, IncHills, SD | 391405 | Alliance Communications Alliance Communications |
| | Alliance Communications Cooperative, IncHills, SD | 391405 | Alliance Communications Alliance Communications |
| | Alliance Communications Cooperative, IncHills, SD | 391405 | Alliance Communications Alliance Communications |

REDACTED - FOR PUBLIC INSPECTION REDACTED - FOR PUBLIC INSPECTION

Five-Year Plan Language for exchanges at or near deployed

Pursuant to 47 C.F.R. 54.202(a)(1)(ii), Alliance Communications Cooperative, Inc. (Alliance) submits a five-year plan that describes with specificity proposed improvements or upgrades to its network throughout its proposed service area. Alliance also provides estimates regarding the area and population that will be served as a result of the improvements. This plan is based on Alliance's current business and financial conditions and is subject to change as a result of changes in those conditions.

Pursuant to 47 C.F.R. 54.313, in each subsequent year, Alliance will file a progress report on its five-year service quality improvement plan pursuant to 54.202(a), including maps detailing its progress towards meeting its plan targets, an explanation of how much universal service support was received and how it was used to improve service quality, coverage, or capacity, and an explanation regarding any network improvement targets that have not been fulfilled in the prior calendar year.

As of January 1, 2014, **Control** or **Control** customers in Alliance's 391657 Study Area (Exchanges served; **Control** or **Control**, **Control**,

Alliance's fiber optic facilities. Subscribers served by these facilities have access that meets or exceeds the 4/1 Mbps standard. No capital improvements are required for those subscribers meeting the 4/1 Mbps standard other than maintenance of facilities and as such, no capital investment to these subscribers is outlined in this plan.

Although no capital improvements are required in the Alliance service area to bring subscribers to the 4/1 Mbps standard, Alliance incurred approximately **standard** in depreciation expense and **standard** in on-going maintenance and operating expenses in calendar year 2013. It is reasonable to expect depreciation, maintenance, and operating expenses for the 2015 through 2019 calendar years will continue at similar amounts.

FCC Form 481 - Line 510

391657SD510

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

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.

Page 2 of 2

SAC: 361405, 391405, 391657 State: MN Alliance Communications Cooperative, Inc. Form 481 Line No.: 610 Description of Functionality in Emergency Situations

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:
 - $\circ~$ 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.

FCC Form 481 - Line 1210

391657sd1210

ALLIANCE COMMUNICATIONS COOPERATIVE, INC.

Lifeline Terms and Conditions

Alliance Communications Cooperative, Inc. offers Lifeline program-supported service to qualified lowincome residential consumers. The federal Lifeline and Minnesota Telephone Assistance Plan (TAP) programs provide monthly telephone service discounts on one telephone line or wireless telephone per household to eligible low-income consumers to help them establish and maintain telephone service by lowering the cost of basic, monthly local telephone service. The federal Lifeline monthly discount is typically between \$8 and \$10. The TAP provides an additional \$2.50 monthly discount on local telephone service. In addition, the Federal Universal Service Charge is not assessed to consumers participating in Lifeline. Long distance blocking (either toll limitation or toll blocking) is available to eligible Lifeline consumers at no cost. Consumers who are eligible for Minnesota Telephone Discounts for landline service do not have to pay a deposit if they agree to block long distance service.

Lifeline Program Eligibility Information

Program Based Eligibility

Consumers are eligible for Lifeline if they, one of their dependents or their household participate in one of the following qualifying assistance programs:

Minnesota Family Investment Program (MFIP)/Temporary Assistance for Needy Families (TANF) Low-Income Home Energy Assistance Program (LIHEAP) Federal Public Housing Assistance (Section 8) Supplemental Nutrition Assistance Program (SNAP/Food Stamps) Medicaid/Medical Assistance National School Lunch Program's Free Lunch Program Supplemental Security Income (SSI)

Lifeline applicants must present documentation demonstrating eligibility either through participation in one of the qualifying federal assistance programs or through income-based means.

Acceptable documentation of program-based eligibility includes: current or prior year's statement of benefits from a qualifying state, federal or Tribal program; notice letter of participation in a qualifying state, federal or Tribal program; program participation documents; or another official document evidencing the consumer's participation in a qualifying state, federal or Tribal program.

Income Based Eligibility

In addition, consumers are eligible for Lifeline if their household income is at or below 135% of the federal poverty guidelines.

| Household Size | 48 Contiguous States and D.C. | Alaska | Hawaii | |
|----------------|----------------------------------|----------|----------|--|
| 1 | \$15,755 | \$19,683 | \$18,117 | |
| 2 | \$21,236 | \$26,541 | \$24,422 | |
| 3 | \$26,717 | \$33,399 | \$30,726 | |
| 4 | \$32,198 | \$40,257 | \$37,031 | |
| 5 | \$37,679 | \$47,115 | \$43,335 | |
| 6 | \$43,160 | \$53,973 | \$49,640 | |
| 7 | \$48,641 | \$60,831 | \$55,944 | |
| 8 | \$54,122 | \$67,689 | \$62,249 | |

2014 Federal Poverty Guidelines - 135%

FCC Form 481 – Line 1210

| For each additional | \$5,481 | \$6,858 | \$6,305 |
|---------------------|---------|---------|---------|
| person, add | | | |

Acceptable documentation of income eligibility includes: prior year's state, federal or Tribal tax return; current income statement from an employer or paycheck stub; social security statement of benefits; Veterans Administration statement of benefits; retirement/pension statement of benefits; unemployment/workmen's compensation statement of benefits; federal or Tribal notice of letter participating in General Assistance; or a divorce decree or child support award or other official document containing income information.

Numbers of Minutes-of-Use Provided as Part of Lifeline Program Service

Alliance Communications Cooperative, Inc.'s Voice Lifeline service includes unlimited local minutes-of-use within the toll-free calling area. Alliance Communications Cooperative, Inc.'s Voice Lifeline Plan does not include any free minutes-of-use for toll. Toll is billed at the standard toll rate depending on which interexchange carrier the consumer subscribes to for toll service. As part of the Lifeline service, Toll blocking is available to eligible consumers at no cost.

<u>Rates</u>

Subscribers may receive the Lifeline credit on any type or grade of local service, including bundled services that are normally offered by Alliance Communications Cooperative, Inc.. Advertised rates do not include any applicable taxes or surcharges.

Recertification of Lifeline Eligibility

Lifeline recipients are required to recertify their eligibility annually. Failure to properly recertify a recipient's continued eligibility for the Lifeline program will result in termination of the Lifeline recipient's monthly Lifeline discount and de-enrollment from the Lifeline Program.

Additional Lifeline Program Information

The Lifeline program is limited to one benefit per household, consisting of either wireline or wireless service. A household is defined, for purposes of the Lifeline program, as an individual or group of individuals who live together at the same address and share income and expenses. Lifeline is a government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

REDACTED - FOR PUBLIC INSPECTION According to the Paperwork Reduction Act of 1995, an agenc and appropriate project and appropriate to the paperwork Reduction Act of 1995, an agenc and appropriate and appropriate to the paper work Reduction of the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate and appropriate and appropriate to the paper work Reduction Act of 1995, and agence and appropriate a

| USDA-RI | US | | This data will be used by RUS to review your financial situation. You | | |
|---|-----------------------------------|---|--|-----------------------------------|--------------|
| | | | and, subject to federal laws and regulations regarding confidential in BORROWER NAME | nformation, will be treated as co | onfidential. |
| OPERATING RE | | | | | |
| TELECOMMUNICATIO | | S | Alliance Communications Cooperativ | <i>r</i> e, Inc. | |
| | | | (Prepared with Audited Data) | | |
| INSTRUCTIONS-Submit report to RUS within 30 d | | | | BORROWER DESIGNATIO | N |
| For detailed instructions, see RUS Bulletin 1744-2. | Keport in whole dollar | - | December, 2013 ERTIFICATION | | |
| to the best of our knowledge and belief ALL INSURANCE REQUIRED BY RENEWALS HAVE BEEN OBTAIN | 7 CFR PART 1788 NED FOR ALL PO | dance with the acc , CHAPTER XVI LICIES. (THIS REPORT | ounts and other records of the system and reflect the stat I, RUS, WAS IN FORCE DURING THE REPORTIN PURSUANT TO PART 1788 OF 7CFR CHAPTER 2 e of the following) | G PERIOD AND | |
| All of the obligations under the RUS loan d have been fulfilled in all material respects. | ocuments | | There has been a default in the fulfillment of the oblig under the RUS loan documents. Said default(s) is/ar specifically described in the Telecom Operating Repo | е | |
| | | DATE | - | | |
| | | PART | A. BALANCE SHEET | | |
| | BALANCE | BALANCE | | BALANCE | BALANCE |
| ASSETS | PRIOR YEAR | END OF PERIOD | LIABILITIES AND STOCKHOLDERS' EQUITY | PRIOR YEAR | END OF PERIO |
| CURRENT ASSETS | | | CURRENT LIABILITIES | | |
| 1. Cash and Equivalents | | | 25. Accounts Payable | | |
| 2. Cash-RUS Construction Fund | | | 26. Notes Payable | | |
| 3. Affiliates: | | | 27. Advance Billings and Payments | | |
| a. Telecom, Accounts Receivable | | | 28. Customer Deposits | | |
| b. Other Accounts Receivable | | | 29. Current Mat. L/T Debt | | |
| c. Notes Receivable | | | 30. Current Mat. L/T Debt-Rur. Dev. | | |
| 4. Non-Affiliates: | | | 31. Current MatCapital Leases | | |
| a. Telecom, Accounts Receivable | | | 32. Income Taxes Accrued | | |
| b. Other Accounts Receivable | | | 33. Other Taxes Accrued | | |
| c. Notes Receivable | | | 34. Other Current Liabilities | | |
| 5. Interest and Dividends Receivable | | | 35. Total Current Liabilities (25 thru 34) | | |
| 6. Material-Regulated | | | | | |
| 7. Material-Nonregulated | | | 36. Funded Debt-RUS Notes | | |
| 8. Prepayments | | | 37. Funded Debt-RTB Notes | | |
| 9. Other Current Assets | | | 38. Funded Debt-FFB Notes | | |
| 10. Total Current Assets (1 Thru 9) | | | 39. Funded Debt-Other | | |
| NONCURRENT ASSETS | | | 40. Funded Debt-Rural Develop. Loan | | |
| 11. Investment in Affiliated Companies a. Rural Development | | | 41. Premium (Discount) on L/T Debt 42. Reacquired Debt | | |
| b. Nonrural Development | | | 43. Obligations Under Capital Lease | | |
| 12. Other Investments | | | 44. Adv. From Affiliated Companies | | |
| a. Rural Development | | | 45. Other Long-Term Debt | | |
| b. Nonrural Development | | | 46. Total Long-Term Debt (36 thru 45) | | |
| 13. Nonregulated Investments | | | OTHER LIAB. & DEF. CREDITS | | |
| 14. Other Noncurrent Assets | | | 47. Other Long-Term Liabilities | | |
| 15. Deferred Charges | | | 48. Other Deferred Credits | | |
| 16. Jurisdictional Differences | | | 49. Other Jurisdictional Differences | | |
| 17. Total Noncurrent Assets (11 thru 16) | | | 50. Total Other Liabilities and Deferred Credits (47 thru 49) | | |
| PLANT, PROPERTY, AND EQUIPMENT | | | EQUITY | | |
| 18. Telecom, Plant-in-Service | | | 51. Cap. Stock Outstand. & Subscribed | | |
| 19. Property Held for Future Use | | | 52. Additional Paid-in-Capital | | |
| 20. Plant Under Construction | | | 53. Treasury Stock | | |
| | | | 54. Membership and Cap. Certificates | | |
| 21. Plant Adj., Nonop. Plant & Goodwill | | | | | |
| | | | 55. Other Capital | | |
| 22. Less Accumulated Depreciation | | | 55. Other Capital 56. Patronage Capital Credits | | |
| 22. Less Accumulated Depreciation 23. Net Plant (18 thru 21 less 22) | | | | | |
| Plant Adj., Nonop. Plant & Goodwill Less Accumulated Depreciation Net Plant (18 thru 21 less 22) TOTAL ASSETS (10+17+23) | | | 56. Patronage Capital Credits | | |

USDARESDACTED - FOR HELESWERDERNESTER CTION

OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

PERIOD ENDING

| INSTRUCTIONS- See RUS Bulletin 1744-2 December, 201 | 3 | |
|--|-------------------|-----------|
| PART B. STATEMENTS OF INCOME AND RETAINED EA | RNINGS OR MARGINS | |
| ITEM | PRIOR YEAR | THIS YEAR |
| 1. Local Network Services Revenues | | |
| 2. Network Access Services Revenues | | |
| 3. Long Distance Network Services Revenues | | |
| 4. Carrier Billing and Collection Revenues | | |
| 5. Miscellaneous Revenues | | |
| 6. Uncollectible Revenues | | |
| 7. Net Operating Revenues (1 thru 5 less 6) | | |
| 8. Plant Specific Operations Expense | | |
| 9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization) | | |
| 10. Depreciation Expense | | |
| 11. Amortization Expense | | |
| 12. Customer Operations Expense | | |
| 13. Corporate Operations Expense | | |
| 14. Total Operating Expenses (8 thru 13) | | |
| 15. Operating Income or Margins (7 less 14) | | |
| 16. Other Operating Income and Expenses | | |
| 17. State and Local Taxes | | |
| 18. Federal Income Taxes | | |
| 19. Other Taxes | | |
| 20. Total Operating Taxes (17+18+19) | | |
| 21. Net Operating Income or Margins (15+16-20) | | |
| 22. Interest on Funded Debt | | |
| 23. Interest Expense - Capital Leases | | |
| 24. Other Interest Expense | | |
| 25. Allowance for Funds Used During Construction | | |
| 26. Total Fixed Charges (22+23+24-25) | | |
| 27. Nonoperating Net Income | | |
| 28. Extraordinary Items | | |
| 29. Jurisdictional Differences | | |
| 30. Nonregulated Net Income | | |
| 31. Total Net Income or Margins (21+27+28+29+30-26) | | |
| 32. Total Taxes Based on Income | | |
| 32. Total faxes based of fincome 33. Retained Earnings or Margins Beginning-of-Year | | |
| 34. Miscellaneous Credits Year-to-Date | | |
| 35. Dividends Declared (Common) | | |
| 36. Dividends Declared (Common) 36. Dividends Declared (Preferred) | ┛ | |
| 37. Other Debits Year-to-Date | | |
| 37. Other Debits real-to-Date 38. Transfers to Patronage Capital | | |
| 39. Retained Earnings or Margins End-of-Period [(31+33+34) - (35+36+37+38)] | | |
| 40. Patronage Capital Beginning-of-Year | | |
| 40. Failonage Capital Beginning-of-Fear 41. Transfers to Patronage Capital | | |
| 42. Patronage Capital Credits Retired | | |
| 42. Patronage Capital End-of-Year (40+41-42) | | |
| 44. Annual Debt Service Payments | | |
| | | |
| 45. Cash Ratio [(14+20-10-11) / 7] 46. Operating Accrual Ratio [(14+20+26) / 7] | | |
| 46. Operating Accrual Ratio [(14+20+26) / 7] | | |
| 47. TIER [(31+26) / 26] 48. DSCR [(31+26+10+11) / 44] | | |
| | | |

USDA-RUS

BORROWER DESIGNATION

PERIOD ENDED

December, 2013

OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

INSTRUCTIONS - See RUS Bulletin 1744-2

| | 1. RAT | | | MILE, & HIGH SPEED RIBERS (ACCESS LINES | | 3. ROUTE MILES | | |
|-------------------------------------|--------|-----|----------|--|-------|--------------------------|-------|--|
| EXCHANGE | B-1 | R-1 | BUSINESS | RESIDENTIAL | TOTAL | ΤΟΤΑΙ | FIBER | |
| | (a) | (b) | (a) | (b) | (c) | (including fiber) (a) | (b) | |
| | (a) | (D) | (a) | (0) | (C) | (a) | (U) | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 1.11.14/2 | | | | | | | | |
| bileWireless | | | | | | | | |
| ute Mileage tside Exchange ea | | | | | | | | |
| tal | | | | | | | | |

REDACTED - FOR PUBLIC INSPECTION REDACTED - FOR PUBLIC INSPECTION

USDA-RUS

BORROWER DESIGNATION

PERIOD ENDED

December, 2013

OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

INSTRUCTIONS - See RUS Bulletin 1744-2

| Part C. SUBSCRIBER (ACCESS LINE), ROUTE MILE, & HIGH SPEED DATA INFORMATION | | | | | | | | |
|---|---|---------------------------------------|---------------------------------|--|--|------------------------|------------------------|------------------------------|
| 4. BROADBAND SERVICE | | | | | | | | |
| | Details on Least Expensive Broadband Service | | | | | | | |
| EXCHANGE | No. Access Lines with BB available (a) | No Of Broadband Subscribers (b) | Number Of Subscribers (c) | Advertised Download Rate (Kbps) (d) | Advertised Upload Rate (Kbps) (e) | Price Per Month (f) | Standalone/Pckg (f) | Type Of Technology (g) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | Home |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| tal | | | | | | | | |

| REDACTED - FOR PUBLIC INSPECTION | | | | |
|---|---------------------------------|--|--|--|
| REDACONED - FOR PUBLIC IN | | | | |
| OPERATING REPORT FOR | | | | |
| TELECOMMUNICATIONS BORROWERS | PERIOD ENDING December, 2013 | | | |
| | | | | |

| INSTRUCTIONS- See RUS B | ulletin 1744-2 | | | | | |
|--|-----------------------------|-------------------------------|-----------------|---------------------------|--------------|-------------------------------|
| PART D. SYSTEM DATA | | | | | | |
| 1. No. Plant Employees | 2. No. Other Employees | 3. Square Miles Served | | 4. Access Lines per Squar | e Mile | 5. Subscribers per Route Mile |
| | | PART E. TOLL | DATA | | | |
| 1. Study Area ID Code(s) | 2. Types | of Toll Settlements (Check on | e) | | | |
| | a. | | Interstate: | Average Schedul | е | X Cost Basis |
| | b. | | | - | | |
| | C. | | Intrastate: | Average Schedul | e | X Cost Basis |
| | d | | | | | |
| | e | | | | | |
| | f | | | | | |
| | g | | | | | |
| | h | | | | | |
| | i | | | | | |
| | J | | | | | |
| | PA | RT F. FUNDS INVESTED IN F | PLANT DURING YE | AR | | |
| 1. RUS, RTB, & FFB Loan Fu | inds Expended | | | | | |
| 2. Other Long-Term Loan Funds Expended | | | | | | |
| 3. Funds Expended Under RUS Interim Approval | | | | | | |
| 4. Other Short-Term Loan Funds Expended | | | | | | |
| 5. General Funds Expended (Other than Interim) | | | | | | |
| 6. Salvaged Materials | | | | | | |
| 7. Contribution in Aid to Const | | | | | | |
| 8. Gross Additions to Telecom | n. Plant (1 thru 7) | | | | | |
| | РА | RT G. INVESTMENTS IN AFF | ILIATED COMPAN | IES | | |
| | | CURRENT | EAR DATA | | CUMULATIVE D | АТА |
| | | | | Cumulative | Cumulative | |
| | INVESTMENTS | Investment | Income/Loss | Investment | Income/Loss | Current |
| | | This Year | This Year | To Date | To Date | Balance |
| | (a) | (b) | (c) | (<i>d</i>) | (e) | (f) |
| 1. Investment in Affiliated Con | npanies - Rural Development | | | | | |
| 2. Investment in Affiliated Con | | | | | | |

Page 5 of 6

| REDACTED - FOR PUBLI | C INSPECTION |
|-----------------------------|-------------------------|
| | BORKEN ARGINING PECTION |

OPERATING REPORT FOR

TELECOMMUNICATIONS BORROWERS

PERIOD ENDING

December, 2013

PART H. CURRENT DEPRECIATION RATES

Are corporation's depreciation rates approved by the regulatory authority with jurisdiction over the provision of telephone services? (Check one)

X YES

NO

| EQUIPMENT CATEGORY | DEPRECIATION RATE |
|---|-------------------|
| Land and support assets - Motor Vehicles | |
| 2. Land and support assets - Aircraft | |
| Land and support assets - Special purpose vehicles | |
| Land and support assets - Garage and other work equipment | |
| 5. Land and support assets - Buildings | |
| Land and support assets - Furniture and Office equipment | |
| Land and support assets - General purpose computers | |
| Central Office Switching - Digital | |
| Central Office Switching - Analog & Electro-mechanical | |
| 10. Central Office Switching - Operator Systems | |
| 11. Central Office Transmission - Radio Systems | |
| 12. Central Office Transmission - Circuit equipment | |
| 13. Information origination/termination - Station apparatus | |
| 14. Information origination/termination - Customer premises wiring | |
| 15. Information origination/termination - Large private branch exchanges | |
| 16. Information origination/termination - Public telephone terminal equipment | |
| 17. Information origination/termination - Other terminal equipment | |
| 18. Cable and wire facilities - Poles | |
| 19. Cable and wire facilities - Aerial cable - Metal | |
| 20. Cable and wire facilities - Aerial cable - Fiber | |
| 21. Cable and wire facilities - Underground cable - Metal | |
| 22. Cable and wire facilities - Underground cable - Fiber | |
| 23. Cable and wire facilities - Buried cable - Metal | |
| 24. Cable and wire facilities - Buried cable - Fiber | |
| 25. Cable and wire facilities - Conduit systems | |
| 26. Cable and wire facilities - Other | |

| | USDA-RUS | BORROWER DESIGNATION | | |
|------------|---|-----------------------|--|--|
| | OPERATING REPORT FOR | | | |
| | TELECOMMUNICATIONS BORROWERS | PERIOD ENDED | | |
| INST | RUCTIONS – See help in the online application. | December, 2013 | | |
| | PART I – STATEMENT OF C | ASH FLOWS | | |
| 1. | Beginning Cash (Cash and Equivalents plus RUS Construction Fund) | | | |
| | CASH FLOWS FROM OPERATING ACTIVITI | ES | | |
| 2. | Net Income | | | |
| | Adjustments to Reconcile Net Income to Net Cash Provided by | Operating Activities | | |
| 3. | Add: Depreciation | | | |
| 4. | Add: Amortization | | | |
| 5. | Other (Explain) | | | |
| | | | | |
| | | | | |
| | | | | |
| | Changes in Operating Assets and Liabilities | | | |
| 6. | Decrease/(Increase) in Accounts Receivable | | | |
| 7. | Decrease/(Increase) in Materials and Inventory | | | |
| 8. | Decrease/(Increase) in Prepayments and Deferred Charges | | | |
| | 9. Decrease/(Increase) in Other Current Assets | | | |
| 10. | 10. Increase/(Decrease) in Advence Billinge & Devenente | | | |
| 12. | Increase/(Decrease) in Advance Billings & Payments Increase/(Decrease) in Other Current Liabilities | | | |
| 13. | Net Cash Provided/(Used) by Operations | | | |
| | CASH FLOWS FROM FINANCING ACTIVITI | ES | | |
| 14. | Decrease/(Increase) in Notes Receivable | | | |
| 15. | Increase/(Decrease) in Notes Payable | | | |
| 16. | | | | |
| 17. | Net Increase/(Decrease) in Long Term Debt (Including Current Maturities) | | | |
| 18. | Increase/(Decrease) in Other Liabilities & Deferred Credits | | | |
| 19. | Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certifi | cates & Other Capital | | |
| 20. | Less: Payment of Dividends | | | |
| 21. | Less: Patronage Capital Credits Retired | | | |
| 22. | Other (Explain) | | | |
| | | | | |
| | | | | |
| | | | | |
| 23. | Net Cash Provided/(Used) by Financing Activities | | | |
| 24 | CASH FLOWS FROM INVESTING ACTIVITIE | -5 | | |
| 24. 25. | Net Capital Expenditures (Property, Plant & Equipment) Other Long-Term Investments | | | |
| 26. | Other Noncurrent Assets & Jurisdictional Differences | | | |
| 20. | Other (Explain) | | | |
| 21. | | I | | |
| | | | | |
| | | | | |
| 28. | Net Cash Provided/(Used) by Investing Activities | | | |
| 29. | Net Increase/(Decrease) in Cash | | | |
| 30. | Ending Cash | | | |
| | | | | |

Revision Date 2010

| USDA-RUS | BORROWER DESIGNATION | |
|--|--------------------------------|--|
| OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS | | |
| INSTRUCTIONS - See RUS Bulletin 1744-2 | PERIOD ENDED December, 2013 | |
| NOTES TO THE OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS | | |

| USDA-RUS | BORROWER DESIGNATION | |
|---|--------------------------------|--|
| OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS | | |
| INSTRUCTIONS - See RUS Bulletin 1744-2 | PERIOD ENDED December, 2013 | |
| CERTIFICATION LOAN DEFAULT NOTES TO THE OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS | | |