REQUEST TO ESTABLISH DOCKET (Please Type)				
Date:	6/3/2005		Docket No.:	-TI 050390-TI
1. Division Name/Staff Name: Cmp / M. Watts				
2. OPR:	СМР			
3. OCR:	GCL			
				e method for refunding overcharges due to call Communication Services, Inc.
 Suggested Docket Mailing List (attach separate sheet if necessary) A. Provide NAMES OR ACRONYMS ONLY if a regulated company. B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.) 1. Parties and their representatives (if any): 				
ACN Communication Services, Inc. (TJ352)				
Interested persons and their representatives (if any):				
6. Check one: □ Documentation is attached. □ Documentation will be provided with recommendation.				