

REQUEST TO ESTABLISH DOCKET

(Please Type)

Date:	7/13/2005	Docket No.:	050485-11
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1. Division Name/Staff Name:	Cmp/Watts
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2. OPR:	CMP
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3. OCR:	GCL; ECR
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4. Suggested Docket Title:	Investigation and determination of appropriate method for refunding unauthorized surcharges by Working Assets Funding Service, Inc. d/b/a Working Assets Long Distance.
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5. 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):

Working Assets Funding Service, Inc. d/b/a Working Assets	(Ti063)

2. Interested persons and their representatives (if any):

6. Check one:

Documentation is attached.

Documentation will be provided with recommendation.

DOCUMENT NUMBER-DATE

06617 JUL 13 05