REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

at	.e	10/19/0	0						Docke	t No. <u>OC</u>	1287-16
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L.	Div	ision Na	me/Staff	Name AP	P/Helton	May				-	
2.		APP_									
3.	OCR	CMP. EC	TR								
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5.	Suga	mested D	ocket Ma	iling Li	st (atta	ch separat	te sheet	if neces	ssarv)		
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		as shown	in Rule	25-22.10	04, F.A.	C				ted indus	
	В. 1	Provide	COMPLETE	name and	l addres	s for all	others.	(<u>Match</u>	epresent	atives to	clients.
	;	1. Parti	es and t	heir rep	resentat	ives (if	any)				
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6.	Checl	k one:	Docu	mentation	n is att	ached.					
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