REQUEST TO ESTABLISH DOCKET (Please Type)			
Date:	7/13/2005		Docket No.: 050484-TI
1. Division Name/Staff Name		e: R. Kennedy	
2. OPR:	2. OPR: CMP		
3. OCR: GCL and ECR			
4. Sugge	sted Docket Title:		ination of appropriate method for refunding overcharges for 0+ ephones by Network Communications International Corp. d/b/a 0Call4Less.
<ul> <li>5. Suggested Docket Mailing List (attach separate sheet if necessary)</li> <li>A. Provide NAMES OR ACRONYMS ONLY if a regulated company.</li> <li>B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)</li> <li>1. Parties and their representatives (if any):</li> </ul>			
T. Parties and their representatives (in any).			
2. Interested persons and their representatives (if any):			
6. Check one: <ul> <li>Documentation is attached.</li> <li>Documentation will be provided with recommendation.</li> <li>DOCUMENT NUMBER - DATE</li> </ul> <li>DOCUMENT NUMBER - DATE</li>			