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REQUEST TO ESTABLISH DOCKET  (Please type or print. File original plus 1 copy with CLK.)								
Date: 9/19/2012				Docket No.:	120238-4P	MISS	_	VED.
1. From Division / Staff: Office Of The Ge			Office Of The Gene	eral Counsel / C		NO	AMI	+
2. OPR:	R: Cindy Miller				<u> </u>		မ	080
3. OCR:	TEL / Beth Salak							
4. Suggest	ed Docl				5, Rules Incorporated; an f Rule 25-4.0051, Certificat			
5. Program/Module/Submodule Assignment:					A.11			
6. Suggested Docket Mail List.								
a. Provide NAMES/ACRONYMS, if registered company.					☐ Provided as an Atta	chment		
Joinpany Jours,		Parties (include a	ties clude address, if different from MCD):		Representatives (name and address):			
ALL Telecom		om Parties						
	_			_				
		_						
		_						
b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)								
,			d persons, if any, address, if different from MCD):		Representatives (name	and addre	ss):	
_		_						:
						_		
7. Check o	ne:	☐ Supp	orting Documentat	ion Attached		Recomm	endati	on
Comments:								

DOCUMENT NUMBER-DATE

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