REQUEST TO ESTABLISH DOCKET (Please Type)									
Date No			vember 14, 2003				Docket No.	0310	55 >73
1. Divisio		ion	Name/Staff Name:		Competitive Markets & Enforcement/T.Williams			· W	
2.	OPR:		T.Williams					_	\$
3.	OCR:								
4.	Sugg	este	ed Docket Title:	Request for cancellation of STS Certificate No. 1669 by Access Network Services, Inc., effective 01/02/04.					
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):									
						<del> </del>			
2. Interested persons and their representatives (if any):									
				· · · · · · · · · · · · · · · · · · ·					
6. Check one:									
	XX Documentation is attached.								
	Documentation will be provided with recommendation.								
PSC/CCA010-C (Rev 02/02)  DOCUMENT NUMBER - [									