REQUEST TO ESTABLISH DOCKET (Please Type)					
Date:	3/22/2005	Docket No.: 050195- TL			
1. Division Name/Staff Name: CMP / Clayton Lewis					
2. OPR:	CMP, ECR				
3. OCR:	GCL				
4. Suggested Docket Title: Approval of refund of Directory Ass			sistance overcharges by GT Com	i, Inc.	
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2. Interested persons and their representatives (if any):					
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[					
6. Check one:					
Documentation is attached.					
	🛛 Documen	tation will be provided with reco	mmendation.	BERENDATE	
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