

**REQUEST TO ESTABLISH DOCKET**

(Please Type)

<b>Date:</b>	1/27/2006	<b>Docket No.:</b>	-TC 000081-TC
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<b>1. Division Name/Staff Name:</b>	Cmp / Watts
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<b>2. OPR:</b>	CMP
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<b>3. OCR:</b>	GCL; ECR
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<b>4. Suggested Docket Title:</b>	Investigation and determination of appropriate method for refunding apparent overcharges by HSI Telecom, Inc.
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**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):**

HSI Telecom, Inc. (TF150)	

**2. Interested persons and their representatives (if any):**


**6. Check one:**

Documentation is attached.

Documentation will be provided with recommendation.

DOCUMENT NUMBER-DATE  
00843 JAN 27 8