

COMPLAINT

**SOUTH DAKOTA PUBLIC
UTILITIES COMMISSION**

Complainant(s) (Person(s) filing the complaint)	Respondent(s) (Person(s) or Company complained against) At a minimum, the name of the company	
Name Address City, State Work Phone Home Phone Cellular Phone	Utility Company Contact Person Address City, State, Zip Phone Fax	Dish Network
If the Complainant is represented by an attorney, please provide the attorney's name, address, telephone number and fax number below: (If Complainant is not represented by an attorney, please leave blank:)		

These are the facts giving rise to my complaint:

I asked Dish Network to put me on a do NOT call list each + every time they called me. Usually they hung up on me when I asked them NOT TO CALL AND TO PUT ME ON their Do NOT call listing. They would call several times weekly and sometimes several times a day. Each time I asked to be placed on a No CALL LIST.

Please complete the reverse side of this document

NOTE: Please attach additional pages, if necessary, to explain your situation. Also enclose copies of any bills or other documents which may pertain to your complaint.

RESOLUTION REQUEST

I ask that the Public Utilities Commission grant the following remedy. (What do you think the Commission should do to solve your complaint? Be specific in your request for a resolution.)

Free Dish T.U. for life to all the people
that are complaining.

NOTE: Please attach any additional pages, if necessary

AFFIRMATION STATEMENT

I hereby affirm that these statements are true and accurate to the best of my knowledge.

Tom F. Lutz
Complainant's Signature(s)

Oct 22 - 2006
Date

DATE OF SERVICE

The undersigned hereby certifies that
this document has been served today upon

Dish Network

by facsimile at 303-723-2063

By: Kara Van Bockern

Date: 10/26/06

Time: 9:00 A.M.