BEFORE THE PUBLIC UTILITIES COMMISSION
OF THE STATE OF SOUTH DAKOTA

IN THE MATTER OF THE PROCEEDS FROM BONDS AND OTHER SECURITY FOR THE BENEFIT OF CUSTOMERS OF S&S COMMUNICATIONS	**)** **)** **)** **)** **)**	**NOTICE OF DISPUTE AND REQUEST FOR HEARING** **TC05-047**

CLAIMANT CONTACT:
CLAIMANT BUSINESS NAME:
CLAIM NUMBER:

Note: Only fill out and submit this form if you wish to dispute Staff's Recommended Disposition of Claim regarding your Claim and attend the hearing or to present your views concerning an issue raised by the Motion for Order (such as which Claim Fraction Method the Commission should use, etc) – attach sheets as necessary

I, _____, state that I am an authorized representative of the above-referenced Claimant in this Docket and that I am authorized to state on behalf on Claimant that Claimant disputes the Staff's Recommended Disposition of Claim regarding the above referenced Claim and requests that a hearing be held on this Claim. The specific reasons Claimant is disputing Staff's Recommendation regarding this Claim are:_____

Dated this _____ day of _____, 2007.

By:_____
[Signature]

_____
[Print Name]

_____
[Title, if any]