

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

Ashia L. Ra'ifa

v.

PECO Energy Company

DOCKETED
AUG 1 2003

DOCUMENT FOR

Z-01162199

SECRETARIAT'S BUREAU

2003 JUL 21 PM 2:27

FILED

PREHEARING ORDER

On May 14, 2003, I was assigned as the presiding officer in this case. The purpose of this order is to bring to the attention of the parties certain procedural rules that apply to the participants in this proceeding. This case is scheduled for a telephonic hearing on Monday, August 4, 2003 at 2:00 p.m. (The hearing was originally scheduled for Tuesday, August 10, 2003 at 10:00 a.m.)

In the complaint, the Complainant alleged the following: that the Respondent offered her a payment arrangement that she would not be able to keep, that she cannot afford to pay \$900 by January 31, 2003 and \$404 every month; that she can pay \$400 up front and \$200 a month; and that she is a single parent.

In its Answer, the Respondent stated that the Complainant's outstanding balance is \$5,953.20. The Complainant's average monthly bill is \$310 and her calculated budget payment is \$347. The Respondent referred to the Bureau of Consumer Services' (BCS) decision, dated January 8, 2003, which required the Complainant to pay \$900 by January 31, 2003, and a budget of \$309 plus \$100 a month on the arrearage starting in February 2003.

The Respondent has requested that the Commission issue an order requiring payments to be made during the pendency of the proceeding. Therefore, the Complainant is ordered to make monthly payments until a final order is issued in this matter.

The Complainant has the burden of proving that the allegations in the complaint are true. Section 332(a) of the Public Utility Code, 66 Pa. C.S. §332(a). The Complainant is required to make monthly payments pending a final Commission Order.

If the Complainant has not made the payments that the Bureau of Consumer Services ("BCS") directed her to make, she must explain why the payments were not made. Failure to make regular payments as directed may result in an order requiring a lump sum payment equal to the amount of the payments that should have been made.

During the hearing, the Complainant must be prepared to testify about, or document, the total net monthly household income. In addition, the Complainant must be prepared to testify about, or document, the total monthly expenses of the household, including, but not limited to, the following: rent or mortgage payments; utility bills; food; medical expenses; transportation; and loans.

The Respondent must submit the relevant account statement and the most relevant BCS decision.

If you wish to offer documents into evidence during the hearing (i.e. letters, bills, canceled checks, receipts, account statements, etc.), you should send three copies to me (a copy for the presiding officer and 2 copies for the Court Reporter) and send a copy to every other party in the case at least seven days in advance. Please keep a copy for yourself. 52 Pa. Code §5.409. Please send my copies to 1302 Philadelphia State Office Building, Broad and Spring Garden Streets, Philadelphia, Pennsylvania 19130.

Pursuant to 52 Pa. Code §1.15(b), requests for postponements or continuance of hearings must be submitted in writing no later than five (5) days prior to the hearing. Requests for postponement or continuance of hearings are to be sent to the presiding officer with copies to the Scheduling Office and the other party of record. The address for the Scheduling Office is P.O. Box 3265, Harrisburg, Pennsylvania 17105-3265.

All witnesses should be prepared to testify during the August 4, 2003 hearing. If the witness will be at a different telephone number, please notify my office at least five days in advance so that the necessary arrangements can be made.

If you will be at a different telephone number than the one listed on the hearing notice, please contact my office immediately. My telephone number is (215) 560-2105.

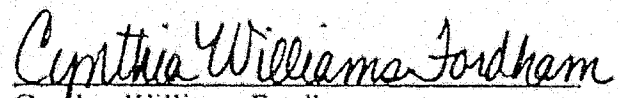
ORDER

THEREFORE,

IT IS ORDERED:

1. That the Complainant shall make monthly payments pending a final Commission Order.
2. That the parties shall comply with the procedural rules and regulations discussed herein.

Date: July 21, 2003


Cynthia Williams Fordham
Administrative Law Judge

Chapter 56 Hearing Report

Please check those blocks which apply

Docket No:	Z-01162199		YES	NO
Case Name:	Ashia L. Ra'ifa v. PECO Energy Company	Prehearing Held:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Hearing Held:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Testimony Taped:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Transcript Due:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Hearing Concluded:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Location:	Philadelphia	Further Hearing Needed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date:	August 4, 2003	Estimated Add'l Days:		
Special Agent:	ALJ Cynthia W. Fordham	RECORD CLOSED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		DATE:	8/4/03	
		Briefs to be Filed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		DATE:		
		Bench Decision:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		REMARKS:	(Completed Ex 105) RECEIVED - submitted into custody.	

PA PUC
 CS AU 25 11:00:31

DOCUMENT
FOLDER

PLEASE PRINT CLEARLY - Incomplete Information may result in delay of processing.

Name and Telephone Number	Address	Who are you representing?						
Ashia L. Ra'ifa	311 Waterview Lane							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">City</td> <td style="width: 33%; text-align: center;">State</td> <td style="width: 33%; text-align: center;">Zip</td> </tr> <tr> <td>Philadelphia</td> <td>PA</td> <td>19104</td> </tr> </table>	City	State	Zip	Philadelphia	PA	19104	
City	State	Zip						
Philadelphia	PA	19104						
Telephone: (215) 637-2709	E-mail Address:	Fax Number:						
George S. ...	2301 Market Street, ...							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">City</td> <td style="width: 33%; text-align: center;">State</td> <td style="width: 33%; text-align: center;">Zip</td> </tr> <tr> <td>Philadelphia</td> <td>PA</td> <td>19104</td> </tr> </table>	City	State	Zip	Philadelphia	PA	19104	
City	State	Zip						
Philadelphia	PA	19104						
Telephone: (215) 541-2341	E-mail Address:	Fax Number:						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">City</td> <td style="width: 33%; text-align: center;">State</td> <td style="width: 33%; text-align: center;">Zip</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	City	State	Zip				
City	State	Zip						
Telephone:	E-mail Address:	Fax Number:						

Check this box if additional parties or attendees appear on back of form.

Note: Completion of this form does not constitute an entry of appearance, see 52 Pa. Code §§1.24 and 1.25.

Commonwealth of Pennsylvania
Public Utility Commission

Date: August 5, 2003

Subject: Ashia L. Ra'ifa v. PECO Energy Company
Docket Number Z-01162199

To: Wanda Zeiders
Docket Management

From: Cynthia Williams Fordham, Administrative Law Judge
Office of Administrative Law Judge

CWF / J.R.

SECRETARY'S BUREAU

2003 AUG 5 9:29

I have attached exhibits which have been filed in the above-captioned case.

Please have these exhibits docketed and placed in the red document folder.

If you have any questions, please contact me at (215) 560-2105.

Attachments

DOCUMENT
FOLDER

RECEIVED
OFFICE OF GENERAL
PA PUC
03 AUG -7 11:10:32

Ashia Ra'Ifa Monthly Expense Report

TITHES	\$	178.00
RENT	\$	870.00
CAR PAYMENT	\$	296.32
CAR INSURANCE	\$	201.78
PECO	\$	350.00
PHONE	\$	127.00
FOOD	\$	400.00
CREDIT CARDS		
*SEARS	\$	100.00
*NEWPORT NEWS	\$	50.00
*CHILDRENS PLACE	\$	50.00
*GATEWAY	\$	59.00
MEDICINE	\$	25.00
GASOLINE FOR VEHICLE	\$	50.00

GRAND TOTAL \$ 2807.10

MONTHLY AVERAGE INCOME	\$	1,640.00
FROM PAY		
SUPPORT FOR CHILDREN	\$	400.00

total \$ 2040.00

RECEIVED
 AUG 12 2003
 SECRETARY'S OFFICE

As you can see, I don't bring in enough money to pay for my current bills. I am a divorcee so the only income is mine.

DOCKETED
AUG 12 2003

Ashia L. Ra'Ifa v PECO Energy Co, z-01162199

DOCUMENT
FOLDER

C.Ex.1

ST. IVES APARTMENT HOMES

1340 Stewards Way
Philadelphia, Pennsylvania 19154

Telephone (215) 281-0444
Fax (215) 281-9120

RECEIVED
JAN 10 2003
SECURITY BUREAU

January 7, 2003

Ashia Ra'ifa
St. Ives Apartments
311 Waterview Lane
Philadelphia, PA 19154

Dear Ashia :

On November 13, 2002 a Lease Renewal was sent to you. Since we did not hear from you, to the contrary by the November 22, 2002 deadline, your lease has been renewed for one year beginning February 1, 2003 and ending January 31, 2004. The Base Annual Rent shall be \$10,440.00, payable in monthly installments of \$870.00.

If you have any questions, please contact me at the Rental Office.

Thank you,

By: St. Ives Owner, LP

By: Brandywine Construction & Management, Inc.
Authorized Agent

By: Carla Vinson
Carla Vinson, Authorized Agent

bcml/cor/flm.doc

DOCKETED

AUG 12 2003

DOCUMENT
FOLDER

Z-01162199

C.E.X.2

THE CHILDREN'S PLACE

Account Statement

Payment Due Date NOW DUE	New Balance \$789.28	Your Account Number 6011 6443 0018 6391	Minimum Payment Due \$83.08	Amount Enclosed \$
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14555 14555 NY 1 02 L 01

Make checks payable to:
THE CHILDREN'S PLACE

6011644300186391007842800071080008308

ASHIA RAIFA
311 WATERVIEW LN
PHILADELPHIA PA 19154-2535
14555
B
AVCI

THE CHILDREN'S PLACE
PO BOX 9025
DES MOINES IA 50368-9025

Print address changes above.

Please detach here.

THE CHILDREN'S PLACE

Send Notice of Billing Errors to:
THE CHILDREN'S PLACE PO BOX 8181, GRAY TN 37615-8181
Customer Service 1-800-810-3205

THIS ACCOUNT ISSUED BY CITIBANK USA N.A

Account: 6011 6443 0018 6391

Closing Date APRIL 02, 2003	Next Closing Date MAY 02, 2003	Credit Limit \$0.00	Credit Available \$0.00
Previous Balance \$805.10	Payments & Credits \$21.00	Purchases/Other Charges \$0.00	FINANCE CHARGES \$5.18
			New Balance \$789.28

CURRENT ACTIVITY

Transaction Date	Transactions	Amount
03/18	CCCS PAYMENT, THANK YOU	\$ 21.00-
04/02	*BILLED FINANCE CHARGES*	\$ 5.18

THANK YOU FOR YOUR RECENT PAYMENT!

Due to a recent review of your payment history we would like to assist you with reducing your monthly payments and finance charge. This can be made possible, by contacting us at 800-244-2970 and an Account Resolution Specialist will assist you, or call a Consumer Credit Counseling Agency that will assist you with a debt management program at 800-926-0042.

CREDIT PLAN SUMMARY

	Previous Balance	Billed FINANCE CHARGES	Payments & Credits	Plan Balance	Minimum Monthly Payment	Accrued FINANCE CHARGES	Expiration Date
REVOLVING CREDIT PLAN B	\$800.10	\$5.18	\$21.00	\$784.28	\$78.08	-	-
MISCELLANEOUS FEES	\$5.00	-	-	\$5.00	\$5.00	-	-

FINANCE CHARGE SUMMARY

	Average Daily Balance	DAILY Periodic Rate	Corresponding ANNUAL PERCENTAGE RATE	Days in Billing Period	ANNUAL* PERCENTAGE RATE	Periodic FINANCE CHARGES	Other FINANCE CHARGES
Current Billing Period							
REVOLVING CREDIT PLAN B	\$469.68	0.03559%(C)	12.99%	31	12.99%	-	-
MISCELLANEOUS FEES	-	0.03559%(C)	12.99%	31	12.99%	-	-
Previous Billing Period							
REVOLVING CREDIT PLAN B	-	0.06564%	23.96%V	28	-	-	-
MISCELLANEOUS FEES	-	0.06564%	23.96%V	28	-	-	-

*Includes periodic finance charge and transaction charges.



SUNRISE CREDIT SERVICES, Inc.



260
631

newport news

EASY STYLE

Account Number:
12-2118-546-3
Closing Date
06-18-2003
Total New Balance
\$1,495.88
Minimum Payment:
\$1,495.88
Past Due Amount,
\$445.00
Payment Due Date
NOW DUE

FCNB HAS INCREASED THE LATE PAYMENT CHARGE TO \$35 UNLESS YOU HAVE ALREADY REJECTED THE INCREASE, IF FCNB DOES NOT RECEIVE AN AMOUNT EQUAL TO AT LEAST THE TOTAL MINIMUM PAYMENT DUE BY THE PAYMENT DUE DATE ON THIS STATEMENT, A LATE PAYMENT CHARGE OF \$35 WILL BE CHARGED TO YOUR ACCOUNT. IF YOU HAVE REJECTED THE INCREASE, PLEASE SEE THE REVERSE FOR LATE PAYMENT CHARGE TERMS. EFFECTIVE IMMEDIATELY, EDDIE BAUER STORES CAN NO LONGER ACCEPT PAYMENT ON YOUR FCNB CREDIT CARD ACCOUNT. TO MAKE PAYMENTS ON YOUR FCNB CREDIT CARD ACCOUNT, PLEASE FOLLOW THE PAYMENT INSTRUCTIONS THAT APPEAR ON THIS STATEMENT

Account Summary:

Previous Balance	FINANCE CHARGE	Payments and Credits	Purchases and Charges	Total New Balance	Credit Limit	Available Credit
\$1,457.99	\$10.09	\$0.00	\$0.00	\$1,495.88	\$0	NONE

Finance Charge Summary:

	Average Daily Bal.	Daily Per Rate	No Days In Cycle	Finance Charge	Nominal APR	ANNUAL PERCENTAGE RATE
Purchase Balance	\$1,485.79	0.02191%	31	\$10.09	8.00%	8.00%
Cash Balance	\$0.00	0.02191%	31	\$0.00	8.00%	8.00%

Account Activity:

Date	Reference Number	Activity/Transaction Description	Transaction Total
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DEAR ASH

SHERMA ACQUISIT THAT IN THE OKI

1 DON
2 COME
3 LET U IF YC

EXPERIE RESPON

SUNRISI

Mr POW

UNLESS VALIDI NOTIFY VERIFI OR VET THIS O! FROM

Note: See other side for important information, including the toll free number for Customer Service.

5377 0000 UID 1 7 18 030618 EXP Page 1 of 1 9107 0000 HP08 3944
Detach the portion below, and return it with your payment. Make checks payable to FCNB and write your Charge Account number on your check.

To avoid a finance charge on purchases, pay entire new balance by the due date.

NEWPORT NEWS
FCNB PROCESSING CENTER
9310 SW GEMINI DRIVE
BEAVERTON, OR 97078-0001

Account Number: 12-2118-546-3
Total New Balance: \$1,495.88
Minimum Payment: \$1,495.88
Payment Due Date: NOW DUE

Payment Enclosed: \$

Please Print Address and/or Phone # Changes Below

ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ WORK PHONE _____
EMAIL ADDRESS _____

ASHIA RAIFA
311 WATERVIEW LN
PHILADELPHIA PA 19154-2535

3944

SUNRISE

577091122118546301495880149588

9824

BILLING CUSTOMER SERVICE
LIBERTY MUTUAL INSURANCE GROUP
100 LIBERTY WAY
DOVER NH 03822-0501



06/16/03

ASHIA RAIFA
311 WATERVIEW LN
PHILADELPHIA PA 19154-2535

Monthly Installment \$201.78
Withdrawal Date 07/01/03
Policy Number A06-288-044495-70 03

Dear Policyholder,

This is to advise you of the withdrawal amount of your Electronic Funds Transfer which will take place on the date shown above. If your policy is new, this represents the amount that will be withdrawn each month from the account you have designated at your financial institution. Otherwise, this notice is to advise you of a change in the monthly withdrawal amount and the policy number generating the change. If you have more than one policy with Liberty Mutual, the withdrawal amount reflects the total for all policies. If you have any questions regarding this notice, please contact your servicing office.

Thank you.

PLEASE RETAIN THIS FOR YOUR RECORDS

HONDA

P.O. Box 6034
Newark, DE 19714-6034

MONTHLY STATEMENT

Financial Services

Use the address above for correspondence only. AHFC's Customer Service is available at 1-800-916-9939 weekdays from 9:00 AM to 5:00 PM EST. Up-to-date payoff information is available at this number 24 hours a day.

#BWA CKLH
#HRT1085518709061# 009985 RF

ASHIA L RAIFA
311 WATERVIEW LN
PHILADELPHIA PA 19154-2535

|||||001108551870900010000000592209072003011720213

ACCOUNT SUMMARY	
Date	June 30, 2003
Account #	001-108-5518709-0001
Vehicle:	97 HONDA CRY LX
ID #	JHLRD1851VC046060
Scheduled Payment due 07/20/03	\$296.32
Past Due Amount	\$289.96
Unpaid Late Charges	\$5.92
Total Amount Due	\$592.20
Orig Maturity	April 20, 2007
Estimated Payoff	\$11,720.21
Good Through	July 20, 2003

TRANSACTION SUMMARY

DATE	DESCRIPTION	AMOUNT			
		Principal	Interest	Misc	Total
06/23/03	Monthly Payment	\$129.27	\$79.73	\$0.00	\$209.00

This statement includes an amount from a prior billing, which is now past due. If your remittance has not been sent, it is important that you contact our branch office at the phone number noted above.

PLEASE MAKE CHECK PAYABLE TO AMERICAN HONDA FINANCE CORPORATION OR AHFC
KINDLY RETURN THIS COUPON AND WRITE YOUR ACCOUNT NUMBER ON THE PAYSLIP

HONDA

Financial Services

PAYMENT COUPON

STATEMENT DATE
June 30, 2003

ACCOUNT NUMBER
001-108-5518709-0001

TOTAL AMOUNT DUE
\$592.20

Amount Enclosed \$ _____

MAIL PAYMENTS TO:

Please note changes to your address or phone number on back.

Check here if you would like information on making your payments electronically.

ASHIA L RAIFA
311 WATERVIEW LN
PHILADELPHIA PA 19154-2535

AMERICAN HONDA FINANCE CORP
P.O. BOX 7870
PHILADELPHIA PA 19101-7870

|||||001108551870900010000000592209072003011720213

newport news

EASY 277.24

Account Number:
12-2118-546-3
Closing Date:
05-18-2003
Total New Balance:
\$1,485.79
Minimum Payment:
\$1,485.79
Past Due Amount:
\$425.00
Payment Due Date:
NOW DUE

FCNB HAS INCREASED THE LATE PAYMENT CHARGE TO \$35 UNLESS YOU HAVE ALREADY REJECTED THE INCREASE, IF FCNB DOES NOT RECEIVE AN AMOUNT EQUAL TO AT LEAST THE TOTAL MINIMUM PAYMENT DUE BY THE PAYMENT DUE DATE ON THIS STATEMENT, A LATE PAYMENT CHARGE OF \$35 WILL BE CHARGED TO YOUR ACCOUNT. IF YOU HAVE REJECTED THE INCREASE, PLEASE SEE THE REVERSE FOR LATE PAYMENT CHARGE TERMS EFFECTIVE IMMEDIATELY, EDDIE BAUER STORES CAN NO LONGER ACCEPT PAYMENTS ON YOUR FCNB CREDIT CARD ACCOUNT, PLEASE FOLLOW THE PAYMENT INSTRUCTIONS THAT APPEAR ON THIS STATEMENT

Account Summary:

Previous Balance	FINANCE CHARGE	Payments and Credits	Purchases and Charges	Total New Balance	Credit Limit	Available Credit
\$1,476.09	\$9.70	\$0.00	\$0.00	\$1,485.79	\$0	NONE

Purchase Balance	Average Daily Bal	Daily Per Rate	No. Days In Cycle	Finance Charge	Nominal APR	ANNUAL PERCENTAGE RATE
	\$1,476.09	0.02191%	30	\$9.70	8.00%	8.00%
Cash Balance	\$0.00	0.02191%	30	\$0.00	8.00%	8.00%

Account Activity:

Date	Reference Number	Activity/Transaction Description	Transaction Total
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1-2



Note: See other side for important information, including the toll free number for Customer Service.

5377 0000 UID 1 7 18 030518

EX Page 1 of 1

9107 0000 NP08

4237

Detach the portion below, and return it with your payment. Make checks payable to FCNB and write your Charge Account number on your check.
To avoid a finance charge on purchases, pay entire new balance by the due date.

NEWPORT NEWS

FCNB PROCESSING CENTER
9310 SW GEMINI DRIVE
BEAVERTON, OR 97078-0001

Account Number: 12-2118-546-3
Total New Balance: \$1,485.79
Minimum Payment: \$1,485.79
Payment Due Date: NOW DUE

Payment Enclosed: \$

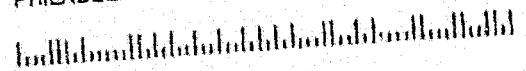
Please Print Address and/or Phone # Changes Below

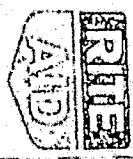
ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE () _____ WORK PHONE () _____
 EMAIL ADDRESS _____

ASHIA RAIFA
311 WATERVIEW LN
PHILADELPHIA PA 19154-2535

4237

577091122118546301485790148579





QUESTIONS? ASK YOUR RITE AID PHARMACIST.

ASIDE RAIFA 02/07/1999

RX: 01956 0537993 ALBUTEROL .83MG/ML SOLUTION

Directions: USE 1 VIAL VIA NEB EVERY 4 HOURS AS NEEDED FOR WHEEZE

IMPORTANT NOTE: THE FOLLOWING INFORMATION IS INTENDED TO SUPPLEMENT, NOT SUBSTITUTE FOR, THE EXPERTISE AND JUDGMENT OF YOUR PHYSICIAN, PHARMACIST OR OTHER HEALTHCARE PROFESSIONAL.

● SHOULD NOT BE CONSTRUED TO INDICATE THAT USE OF THE DRUG IS SAFE, APPROPRIATE, OR EFFECTIVE FOR YOU

CONSULT YOUR HEALTHCARE PROFESSIONAL BEFORE USING THIS DRUG.

ALBUTEROL - INHALATION PRE-MIXED SOLUTION

USES: This medication works in the lungs to open breathing passages to make breathing easier. It is used to prevent and treat asthma attacks or other breathing problems.

HOW TO USE: This medication is inhaled into the lungs using a special breathing (nebulizer) equipment usually 3 to 4 times a day. A health care professional will demonstrate the proper way to measure the medication and use the equipment. Make sure you understand how to operate the device and ask any questions you may have. Use this medication as directed. Do not increase your dose or use this more frequently than directed. Excessive use may lead to a loss of effectiveness while increasing the chance for side effects. Do not stop using this medication without first consulting your doctor. If symptoms do not improve or worsen after using this drug or if you find yourself using this more than usual, contact your doctor immediately

SIDE EFFECTS: Tremor, nervousness, shakiness, headache, nausea, lightheadedness, difficulty sleeping, unusual taste in mouth, increased appetite, muscle cramps, flushing or dry throat may occur the first several days as your body adjusts to the medication. If any of these effects continue or become bothersome, inform your doctor. Notify your doctor if you develop a rapid heartbeat, chest pain, dizziness, coughing, wheezing. In the unlikely event you have an allergic reaction to this drug, seek medical attention immediately. Symptoms of an allergic reaction include: rash, itching, swelling, dizziness, trouble breathing. If you notice other effects not listed above,

contact your doctor or pharmacist.

PRECAUTIONS: Before using this drug, tell your doctor your medical history, especially of an overactive thyroid, heart disease, high blood pressure, epilepsy, diabetes, drug allergies. This medication should be used only when clearly needed during pregnancy. Discuss the risks and benefits with your doctor. It is not known if this drug is excreted into breast milk. Consult your doctor before breast feeding.

DRUG INTERACTIONS: Tell your doctor of all over-the-counter or prescription medication you may use, including: all asthma drugs, blood pressure or chest pain medications, beta-blockers (e.g., propranolol), levodopa, digoxin, certain antidepressants (e.g., amitriptyline, doxepin), MAO inhibitors (e.g., furzolidone, linezolid, phenelzine, selegiline, tranylcypromine), nitroglycerine, other "adrenalin" drugs, thyroid drugs, caffeine, diuretics (e.g., hydrochlorothiazide). Do not start or stop any medicine without doctor or pharmacist approval.

NOTES: If this medication appears to be losing its effectiveness, notify your doctor. A change in your therapy may be necessary.

MISSED DOSE: If you miss a dose, take it as soon as remembered; do not take it if it is near the time for the next dose, instead, skip the missed dose and resume your usual dosing schedule. Do not "double-up" the dose to catch up.

STORAGE: Storage requirements vary and depend on the product your doctor has prescribed. Consult your pharmacist for directions on how to store the product you have.

The information in this leaflet may be used as an educational aid. This information does not cover all possible uses, actions, precautions, side effects, or interactions of this medicine. This information is not intended as medical advice for individual problems.

Copyright © 1999 Rite Aid, Inc. The United States of America

PRESCRIPTION REFILL CONVENIENCE: INTERNET REFILL... www.RiteAid.com
READY RX. Call the number on your prescription bottle and follow the prompts.

ADVICESM

RECEIVED

2003 AUG - 8 AM 9:30

SECRETARY'S BUREAU

Prepared by: Ferner

Ashia Lesana Ratifa
311 Waterview La Bl 3
Philadelphia Pa 19154-2535

Account Number: 271072715011

07/16/01	31	03178 - R	1695	54.6	189.59 /241.00 + 15.00				256.00	08/08/01	256.00	07/10/01	1,729.19	BM 50
08/15/01	30	05104 - R	1926	64.2	219.24 /241.00 + 15.00				256.00	09/10/01	265.00	08/10/01	1,683.43	BM 50
09/14/01	30	06858 - R	1555	51.8	171.61 /241.00 + 15.00				256.00	10/09/01	256.00	09/05/01	1,599.04	BM 50
10/15/01	31	08733 - R	2074	66.9	174.77 /309.00 + 15.00				580.00	11/07/01	*768.57	10/05/01	1,005.24	*CAP2 Char 9c Off BM 52
11/13/01	28	12280 - R	3557	122.6	267.89 /309.00 + 15.00				704.00	12/06/01	200.00	10/22/01	1,073.13	BM 52
12/13/01	30	16583 - R	4283	143.1	314.12 /0.00 + 15.00				808.65	01/07/02	5.92		1,393.17	BM 04
01/15/02	33	23823 - R	7240	219.3	475.32 /0.00 + 40.00				1,334.00	02/07/02	10.03		1,878.52	BM 07
02/13/02	29	28832 - R	5009	172.7	338.78 /0.00 + 40.00				1,628.21	03/17/02	15.43	02/11/02	2,132.73	BM 04
03/14/02	29	33935 - A	5103	175.9	344.66 /0.00 + 40.00				2,033.03	04/09/02	20.16		2,497.55	BM 07
04/15/02	32	38075 - A	4140	129.3	284.53 /0.00 + 40.00				2,382.53	05/09/02	24.87		2,807.05	BM 04
05/15/02	30	39829 - A	1854	61.8	141.77 /0.00 + 40.00				2,593.32	06/10/02	28.02		2,977.84	BM 04
06/14/02	30	41084 - A	1165	38.8	138.89 /0.00				2,803.61	07/09/02	31.30		3,148.13	BM 00

DOCKETED
AUG 12 2003

DOCUMENT
FOLDER

REG Energy
Exhibit # 1

Account Statement
 Customer Name
 Address.

Asha Lasana Reifa
 311 Waterview La Bl 3
 Philadelphia Pa 19154-2535

Prepared by: Ferner

Account Number 271072715011

07/16/02	32	42641 - A	1547	48.3	+ 40.00					3,065.50	08/08/02	33.53			3,370.02	BM 07
					188.36											
					/0.00											
					+ 40.00											
08/15/02	30	44705 - A	2064	68.8	255.16					3,397.05	09/09/02	36.39			3,66.57	BM 04
					/0.00											
					+ 40.00											
09/13/02	29	46373 - A	1668	57.5	204.21					3,581.34	10/08/02	40.08	100.00	08/10/02	3,805.86	BM 04
					/0.00											
					+ 40.00											
10/14/02	31	47817 - A	1444	46.5	116.30					3,780.77	11/07/02	43.13			3,965.29	BM 04
					/0.00											
					+ 40.00											
11/13/02	30	53994 - A	6177	205.9	412.17					4,276.02	12/09/02	45.08			4,422.54	BM 04
					/0.00											
					+ 40.00											
12/13/02	30	61817 - A	7823	260.7	515.08					4,883.85	01/07/03	50.74			4,988.37	BM 04
					/0.00											
					+ 40.00											
01/15/03	33	70412 - A	8595	260.4	589.24					5,570.77	02/10/03	57.68			5,635.29	BM 00
					/0.00											
					+ 40.00											
02/13/03	29	79007 - A	8595	266.3	588.91					1,309.00	03/10/03				6,224.20	BM 92
					/309.00											
					+ 100.00											
03/14/03	29	87264 - A	8257	284.7	567.50					1,447.00	04/08/03		271.00	02/16/03	6,520.70	BM 52
					/309.00											
					+ 100.00											
04/14/03	31	93384 - A	6120	197.4	432.21					2,517.62	05/07/03				6,952.91	BM 00
					/0.00											
					+ 100.00											
05/14/03	30	97810 - A	4426	147.5	324.96					2,942.58	06/09/03				7,277.87	BM 00
					/0.00											
					+ 100.00											
06/13/03	30	00989 - A	3179	105.9	465.03					3,507.61	07/08/03				7,742.90	BM 00
					/0.00											
					+ 100.00											

2.

Payment Terms Granted
27-10-72-715011

1/23/01 - Payment terms negotiate to pay \$15.00 plus the current bill on a balance of \$766.52.

1/10/02 - Payment terms negotiated to pay \$40.00 plus the current bill on a balance of \$484.52

PEC Energy
Exhibit # 2

CSS03101

PA. PUBLIC UTILITY COMMISSION
BUREAU OF CONSUMER SERVICES
CLOSING DATA

afet
1/8/2003

1/8/

BCS CASE NUMBER: 1162199

DATE CASE OPENED: 6/4/2002

CUSTOMER NAME: ASHIA RAIFA
SVC. ADDRESS: 311 WATERVIEW LANE
PHILADELPHIA, PA 19154

COMPANY NAME: PECO ENERGY

ACCOUNT #: 271072715011

INCOME LEVEL: 3
TOTAL BALANCE/BASIC: \$4,988.37
PRIOR CASE NO:

RESOLUTION: ON WITH MEDICAL=TO PAY \$900.00 BY 1/31/02
AMOUNT MONEY SAVED: \$88,888.88

COMPLIANCE VIOLATION (ALLEGED, ACTUAL, NO): NO
CHAP 56/64/OTHER: SECTION/RULE:

DECISION ISSUED: Y ORAL/Written: W
INVESTIGATOR: GONZALEZ LIONEL
CLOSING DATE: 1/8/2003

RECEIVED

JAN 13 2003

REGULATORY
PERFORMANCE

PECO Energy
Exhibit #:

PA. PUBLIC UTILITY COMMISSION
BUREAU OF CONSUMER SERVICES
DECISION DATA

1/8/2003

BCS CASE NUMBER: 1162199 BCS UTILITY CODE: 0011

CUSTOMER NAME: ASHIA RAIFA
ADDRESS: 311 WATERVIEW LANE
PHILADELPHIA, PA 19154

DATE CASE CLOSED:	1/8/2003
TOTAL/FINAL ACCOUNT BALANCE:	\$4,988.37
DATE OF ACCOUNT BALANCE:	1/8/2003
EGW Terms:	
NO.2 S (OFFS) TO HAVE SERVICE RESTORED PAY:	\$0.00
NO.3'S (REMEDI) TO KEEP SERVICE ON PAY THIS AMOUNT:	\$0.00 BY
TERMS: BEGINNING:	FEBRUARY 2003
SPECIAL BUDGET OR OPTIONAL PAYMENT AMOUNT:	\$409.00
REGULAR BUDGET AMOUNT:	\$309.00
PLUS PAYMENT TOWARD ARREARS:	\$100.00
FINAL BILL MONTHLY PAYMENT:	\$0.00
CURRENT BILL MONTHLY PAYMENT:	\$0.00
END OF MONTH PAYMENT:	\$0.00
Telephone Terms:	
10 DAY PAYMENT OR RECONNECT AMOUNT:	\$0.00
BEGINNING WITH THE BILL DATED:	
CUSTOMER WILL PAY CB PLUS:	\$0.00

INVESTIGATOR - LIONEL GONZALEZ