FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION					OMB APPROVAL		
Washington, D.C. 20549				OMB Number:	3235-0104		
INITIAL	STATEMENT OF BENEFICL	AL OWNERSI	HIP OF	Expires:	January 31, 2005		
Section 17(a) of	SECURITIES nt to Section 16(a) of the Securiti f the Public Utility Holding Com 30(h) of the Investment Company	pany Act of 193		Estimated a burden hou response n	average		
1. Name and Address of Reporting Person <u>*</u> WELSH PATRICK J	 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Statement DEX MEDIA INC [RHD] 						
(Last) (First) (Middle)					Amendment, Date Original (Month/Day/Year)		
C/O WELSH, CARSON, ANDERSON & STOWE, 320 PARK AVENUE, SUITE 2500 (Street) NEW YORK, NY 10022	(C Di	heck all applicable rectorX 10% ficer Othe	b) b) b) cr 6. Inc low) Filing _X_F Person F	lividual or Join g(Check Applica form filed by Ond	t/Group ble Line) e Reporting		
(City) (State) (Zip)	Table I - Non-Der	I - Non-Derivative Securities Beneficially Owned					
1.Title of Security (Instr. 4)	2. Amount of Securitie Beneficially Owned (Instr. 4)	ss 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ownership (Instr. 5)	Indirect Benef	icial		
Common Stock	5,981,631	Ι	By Welsh Stowe IX,	, Carson, Ar L.P. <u>(1)</u>	nderson &		
Common Stock	179,543	Ι	By WD G	P Associate	s, LLC <u>(2)</u>		
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

DEX MEDIA INC

February 08, 2006

Form 3

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 4)	Expiration Date (Month/Day/Year)	 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title Amount or Number of Shares 	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
				Direct (D) or Indirect (I) (Instr. 5)	

Reporting Owners

Reporting Owner Name / Address		Relationships				
Reporting Owner Mane / Address			10% Owner	Officer	Other	
WELSH PATRICK J C/O WELSH, CARSON, ANDERSON & 320 PARK AVENUE, SUITE 2500 NEW YORK, NY 10022	& STOWE	Â	ÂX	Â	Â	
Signatures						
Jonathan M. Rather, Attorney-in-Fact	02/07/2006					
**Signature of Reporting Person	Date					

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) The Reporting Person is a managing member of the sole general partner of Welsh, Carson, Anderson & Stowe IX, L.P. Pursuant to
 (1) Instruction (5)(b)(iv) of Form 3, the Reporting Person has elected to report as indirectly beneficially owned the entire number of securities beneficially owned by such limited partnership. The Reporting Person disclaims beneficial ownership of any securities, and any proceeds thereof, that exceed his pecuniary interest therein, and/or that are not actually distributed to him.

The Reporting Person is a managing member of WD GP Associates, LLC. Pursuant to Instruction (5)(b)(iv) of Form 3, the Reporting Person has elected to report as indirectly beneficially owned the entire number of securities beneficially owned by such limited

(2) Person has elected to report as induced y benchenary owned the entire number of securities benchenary owned by such inniced partnership. The Reporting Person disclaims beneficial ownership of any securities, and any proceeds thereof, that exceed his pecuniary interest therein, and/or that are not actually distributed to him.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.