

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

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MAY 09 2012

**PUBLIC SERVICE
COMMISSION**

In the Matter of:

ALLEGED FAILURE OF WOODLAND)
ACRES UTILITIES, LLC) Case No. 2011-00349
TO FILE REQUIRED REPORT)

MOTION TO RESCHEDULE SHOW CAUSE HEARING

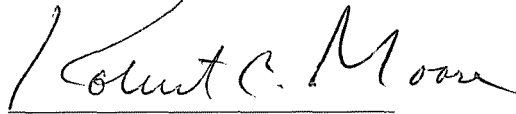
Comes Woodland Acres Utilities, LLC (“Woodland Acres”), by counsel, and for its Motion to Reschedule Show Cause Hearing, states as follows:

- 1) By Order entered by the Public Service Commission (“Commission”) in the above-styled case on April 18, 2012, the Commission ordered Woodland Acres to appear on May 8, 2012, at 10:00 a.m., Eastern Daylight Time, at the Commission’s offices to show cause why it should not be subject to certain penalties for its failure to comply with the Commission’s February 29, 2012 Order.
2. Woodland Acres hereby requests that said hearing be rescheduled due to the illness of Joseph Murphy, its only member. As is reflected on Attachment A, Mr. Murphy was admitted to Norton’s hospital for treatment on April 20, 2012 and discharged from the hospital on April 24, 2012. He has not yet fully recovered from this illness, and as is reflected on Attachment B, his physician, Mohana R. Arla, M.D., by note dated May 4, 2012, has indicated that Mr. Murphy “should be seen in 2 weeks and sooner if not better. OK to be seen on May 12, 2012.”
3. Mr. Murphy still suffers from a respiratory illness, complications from this condition and

is unable to attend the hearing scheduled for May 9, 2012. It is anticipated that Mr. Murphy should be able to attend a hearing by early June, 2012.

- 4) The rescheduling of this hearing should not cause any prejudice to any parties.

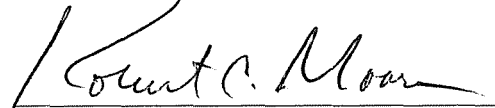
Respectfully submitted,



Robert C. Moore
Hazelrigg & Cox, LLP
415 West Main Street, 1st Floor
P.O. Box 676
Frankfort, Kentucky 40602-0676

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing was served by first class mail on this the 9th day of May, on Jeff Derouen, Public Service Commission, 211 Sower Boulevard, P.O. Box 615, Frankfort, Kentucky 40602.


Robert C. Moore



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LOUISVILLE, KY 40233-6370

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Insurance Name
HUMANA GOLD PLUS HMO
MEDICARE NO PAY

16625-3CMB

Patient Name		
JOSEPH B MURPHY		
Service Date(s) From Through	Statement Date	Page
04/20/12-04/23/12	05/03/12	1 of 1

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 DISCOVER
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Exp. Date _____ / _____ AMT Authorized \$ _____

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AMOUNT DUE \$ 0.00
AMT. ENCLOSED \$

612326C

JOSEPH B MURPHY
379 BROOKSVIEW CIRCLE
BROOKS, KY 40109-5187

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DEPT 86100 P.O. BOX 36370
LOUISVILLE, KY 40233-6370

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To receive credit please return the top portion with your payment. * SEE BACK FOR FINANCIAL ASSISTANCE APPLICATION

Account Number	Patient Name	Service Date(s)	Statement Date	Page
D00009012675	JOSEPH B MURPHY	04/20/12-04/23/12	05/03/12	1
Previous Balance	Charges	Est. Ins Coverage	Payments/Adj's	AMT DUE From Patient
	7616.75	7616.75	0.00	0.00
Date(s)	Description	Charges	Est. Ins Coverage	Payments/Adj's
05/02/12	Final Bill Total due: Estimated insurance due:	QTY 7616.75 7616.75	7616.75	
Previous Balance:		Column Totals:		
		7616.75	7616.75	0.00
For billing inquiries: (502)479-6300			Amount Due from Patient:	
			0.00	

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16625-3CMB*THSONMJ3X000858

ATTACHMENT

16625-3CMB*THSONMJ3X000858



MOHANA R. ARLA, M.D.
Box 999
LEBANON JUNCTION, KY 40150
502-833-4631

NAME Joseph Murphy
ADDRESS _____ DATE 5/11/12

B

Pl. seen 5/11/12 for
Asthma exacerbation.
Should be seen in 2 weeks
and sooner if not better.
OK to be seen on 5/12/12.

Label
Refill \emptyset times PRN NR

Mohana R. Arla M.D.

To insure brand name dispensing, prescriber must write "Do Not Substitute" on the prescription.
04/25/94 01-K10723531

ATTACHMENT B