

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

KENTUCKY FRONTIER GAS, LLC)

_____)
ALLEGED VIOLATION OF UNDERGROUND)
FACILITY DAMAGE PREVENTION ACT)

CASE NO.
2019-00309

NOTICE OF FILING

Notice is given to all parties that evidence of Service of Process by certified mail return receipt requested, has been filed into the record of this proceeding.



Gwen R. Pinson
Executive Director
Public Service Commission
P.O. Box 615
Frankfort, KY 40602

DATED OCT 03 2019

cc: Parties of Record

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 0360 0002 0621 2976

OFFICIAL USE

Postage	\$ 6.65		Postmark Here
Certified Fee	3.50		
Return Receipt Fee (Endorsement Required)	2.80		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 6.95		

CT Corporation System
 306 West Main Street, Suite 512
 Frankfort, Kentucky 40601

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CT Corporation System
 306 West Main Street, Suite 512
 Frankfort, Kentucky 40601



9590 9402 4612 8323 9009 41

2. Article Number (Transfer from service label)
 7001 0360 0002 0621 2976

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 La' Tonya Washington Agent Addressee
 La' Tonya Washington Addressee
 B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Registered Mail | |
| <input type="checkbox"/> Registered Mail Restricted Delivery (\$500) | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

19-309 DOI Domestic Return Receipt

CT Corporation System Register Agent
Kentucky Frontier Gas, LLC
306 W Main Street, Suite 512
Frankfort, KENTUCKY 40601

*Honorable John N Hughes
Attorney at Law
124 West Todd Street
Frankfort, KENTUCKY 40601

*Kentucky Frontier Gas, LLC
4891 Independence Street, Suite 200
Wheat Ridge, CO 80033

*Kentucky Frontier Gas, LLC
Kentucky Frontier Gas, LLC
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