

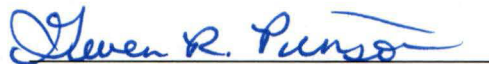
COMMONWEALTH OF KENTUCKY  
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

KENTUCKY FRONTIER GAS, LLC	)	
	)	
_____	)	CASE NO.
	)	2019-00323
ALLEGED VIOLATION OF UNDERGROUND	)	
FACILITY DAMAGE PREVENTION ACT	)	

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

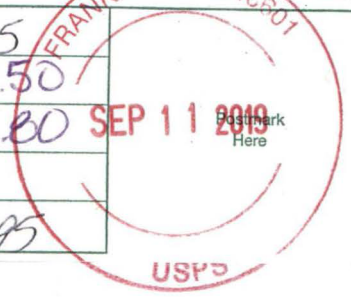
cc: Parties of Record

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

7001 0360 0002 0621 3584

OFFICIAL USE  
 FRANKFORT KY 40601

Postage	\$ .65
Certified Fee	3.50
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.95</b>



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 89

2. Article Number (Transfer from service label)

7001 0360 0002 0621 3584

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 x La' Tonya Washington

B. Received (Printed Name) C. Date of Delivery  
 La' Tonya Washington

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 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"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

19-323 D01 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

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