

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

BECKNELL-COGHILL, INC.)

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

CASE NO.
2021-00159

NOTICE OF FILING

Notice is given to all parties that evidence of successful service of process has been filed into the record of this proceeding.

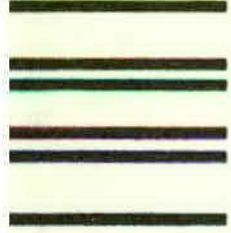


Linda C. Bridwell, PE
Executive Director
Public Service Commission
P.O. Box 615
Frankfort, KY 40602

DATED MAY 12 2021

cc: Parties of Record

USPS TRACKING #



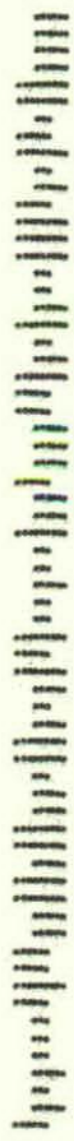
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 5798 0034 5834 57

**United States
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

**PUBLIC SERVICE COMMISSION
211 SOWER BLVD.
FRANKFORT, KY 40601**



9590940257980034583457

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3 *see 21-00159*
- Print your name and address on the reverse so that we can return the card to you. *The*
- Attach this card to the back of the mailpiece, or on the front if space permits. *32249*

1. Article Addressed to:

Bobby Coghill
2730 Cruise Creek Rd.
Morning View, KENTUCKY 41063



9590 9402 5798 0034 5834 57

2. Article Number *7530-02-0000-0053*
7018 1830 0001 9961 7865

PS Form 3811 July 2015 PSN 7530-02-0000-0053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Bobby Coghill

B. Received by (Printed Name) C. Date of Delivery
Bobby Coghill 4-25-21

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

Domestic Return Receipt

USPS TRACKING #



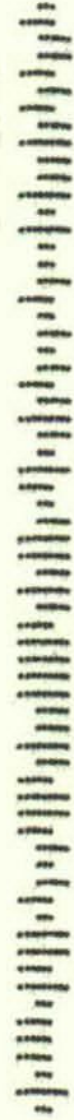
First-Class Mail
Postage & Fees Paid
USPS
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9590 9402 5798 0034 5834 64

**United States
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

**PUBLIC SERVICE COMMISSION
211 SOWER BLVD.
FRANKFORT, KY 40601**



9509 9402 5798 0034 5834 64

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3 *Case 24-00159*
- 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. *Jr. 30249*

Article Addressed to:

Becknell-Coghill, Inc.
 P.O. Box 51
 Morning View, KENTUCKY 41063



9590 9402 5798 0034 5834 64

Article Number (Transfer from service label)

7018 1830 0001 9961 7872

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Bobby Coghill*

Agent

Addressee

B. Received by (Printed Name)

Bobby Coghill

C. Date of Delivery

A-25-21

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Mail Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Bobby Coghill
2730 Cruise Creek Rd.
Morning View, KENTUCKY 41063

Becknell-Coghill, Inc.
P.O. Box 51
Morning View, KENTUCKY 41063