

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.
2019-00315

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

7006 3450 0002 2767 9145

| U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | |
|---|---------|
| For delivery information visit our website at www.usps.com | |
| OFFICIAL USE | |
| Postage | \$.65 |
| Certified Fee | 3.50 |
| Return Receipt Fee (Endorsement Required) | 2.80 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 6.95 |
| Postmark SEP 09 2015 FRANKFORT KY 40601 | |

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

PS Form 3800, August 2006

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none">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. | A. Signature <i>La' Tonya Washington</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| 1. Article Addressed to: | B. Received by (Printed Name) <i>La' Tonya Washington</i> C. Date of Delivery |
| CT Corporation System 306 West Main Street, Suite 512 Frankfort, Kentucky 40601 | D. Is delivery address different from item B? If YES, enter delivery address below: <input type="checkbox"/> No |
|  9590 9402 4612 8323 9009 34 | 3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| 2. Article Number (Transfer from service label) 7006 3450 0002 2767 9145 | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | 19-315 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

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