

**THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS**

2015-08-04 12:47:59  
Kansas Corporation Commission  
/s/ Amy L. Gilbert

Before Commissioners:                      Shari Feist Albrecht, Chair  
   Jay Scott Emler  
   Pat Apple

In the matter of the failure of Ptarmigan Inc	)	Docket No.: 15-CONS-921-CPEN
("Operator") to report activity that occurred	)	
during the 2014 calendar year in compliance	)	CONSERVATION DIVISION
with K.A.R. 82-3-409.	)	
<hr/>		License No.: 3844

**PROOF OF SERVICE**

The undersigned attorney hereby records that, pursuant to the attached Domestic Return Receipt, the operator has received valid service of the Order in this docket.

Dated this 3<sup>rd</sup> day of August, 2015.

Respectfully submitted,

/s/ Jonathan R. Myers  
Jonathan R. Myers, S.Ct. #25975  
Litigation Counsel  
Kansas Corporation Commission  
266 N. Main Street, Suite 220  
Wichita, Kansas 67202-1513  
(316) 337-6200 (Telephone)  
(316) 337-6106 (Facsimile)

For Commission Staff

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. 15-921

1. Article Addressed to:

BURTON CAVE  
PTARMIGAN INC.  
905 N 18th ST  
LEAVENWORTH KS 66048

2. Article Number  
(Transfer from service label)

7014 2120 0004 1024 3614

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

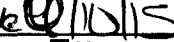
A. Signature

☐ Agent☒ 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

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes