

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

2015-08-04 12:18:27
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 Dexxon, Inc.)	Docket No.: 15-CONS-882-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.: 34935

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 3rd 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

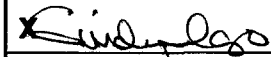
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits. 15-882

1. Article Addressed to:

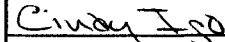
EDDIE RONGEY
DEXXON, INC.
PO BOX 348
KIEFER OK 74041

COMPLETE THIS SECTION ON DELIVERY

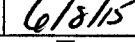
A. Signature

☒ Agent☐ Addressee

B. Received by (Printed Name)



C. Date of Delivery

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

Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7014 2120 0004 1024 3003

PS Form 3811, July 2013

Domestic Return Receipt