

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

2015-08-04 12:24:25  
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 Frank R. &	)	Docket No.: 15-CONS-890-CPEN
Kathleen A. McCorkle ("Operator") to report	)	
activity that occurred during the 2014	)	CONSERVATION DIVISION
calendar year in compliance with K.A.R. 82-	)	
<u>3-409.</u>	)	License No.: 8197

**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. **15-890**

1. Article Addressed to:

FRANK R. & KATHLEEN A. MCCORKLE  
818 RD 21  
SEDAN KS 67361

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

**6-8-15**

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

2. Article Number

(Transfer from service label)

**7014 2120 0004 1024 3010**

PS Form 3811, July 2013

Domestic Return Receipt