2015-08-04 12:36:00 Kansas Corporation Commission /s/ Amy L. Gilbert

THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

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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

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. BRANDON GRESSEL GRESSEL PRODUCTION, LLC 980 S OLIVER RD SOUTH HAVEN KS 67140 COMPLETE THIS SECTION ON DELIVERY A. Signature C. Date of Delivery C. Date of Delivery B. Received by (Printed Name) C. Date of Delivery A. Signature A. Signature A. Signature A. Signature A. Signature C. Date of Delivery C. Date of Delivery A. Signature A. Signature A. Signature A. Signature A. Signature Addressed B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery A. Signature C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 1? Yes 3. Service Type A. Signature C. Date of Delivery A. Signature C. Date of Delivery A. Signature C. Date of Delivery A. Signature C. Date of Delivery C. Date	EX. P.			
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. 1. Article Addressed to: BRANDON GRESSEL GRESSEL PRODUCTION, LLC 980 S OLIVER RD SOUTH HAVEN KS 67140 3. Service Type Certified Mail® Priority Mail Express™ Registered Priority Mail Express™ Registered Priority Mail Express™ Registered Return Receipt for Merchandis Insured Mail Collect on Delivery	SENDER: COMPLETE T	THIS SECTION	COMPLETE THIS SECTION ON D	ELIVERY
GRegistered GReturn Receipt for Merchandis GInsured Mail GCollect on Delivery	item 4 if Restricted Deli Print your name and ad so that we can return the Attach this card to the lor on the front if space 1. Article Addressed to: BRANDON GREGRESSEL PROL	elivery is desired. Iddress on the reverse the card to you. Is back of the mailpiece of e permits.	B. Received by (Printed Nerge) D. Is delivery address different from If YES, enter delivery address by 3. Service Type	Addresse C. Date of Deliver item 1? Yes elow: No
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	(Transfer from service label) PS Form 3811, July 2013		urn Pacaint	