

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Alfonso**)
G. Hernandez, d/b/a Amigo Transport, of)
Garden City, Kansas, Regarding the)
Violation(s) of the Motor Carrier Safety) Docket No. 19-TRAM-134-PEN
Statutes, Rules and Regulations and the)
Commission's Authority to Impose Penalties,)
Sanctions and/or the Revocation of Motor)
Carrier Authority.)

PROOF OF SERVICE

The undersigned, Ahsan A. Latif, Litigation Counsel, hereby makes record that pursuant to the attached Domestic Return Receipt, on October 20, 2018, Alfonso G. Hernandez, d/b/a Amigo Transport received valid service of the Penalty Order issued by the Commission on October 16, 2018.

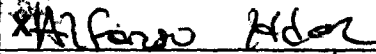

Dated this 1 day of November, 2018.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709
Litigation Counsel
Kansas Corporation Commission
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Topeka, Kansas 66604
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For Commission Staff

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. 19-134PEN 	<p>A. Signature </p> <p>B. Received by (Printed Name) Alfonso Hernandez</p> <p>C. Date of Delivery 10-20-18</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>ALFONSO G. HERNANDEZ, OWNER ALFONSO G. HERNANDEZ D/B/A AMIGO TRANSPORT 606 PENNSYLVANIA AVE GARDEN CITY, KS 67846</p>	<p>Address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p> 9590 9402 2589 6336 9304 59</p>	<p>3. Service Type</p> <p><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 Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 7016 1970 0001 0574 5049</p>	<p>(over 500)</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	