

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

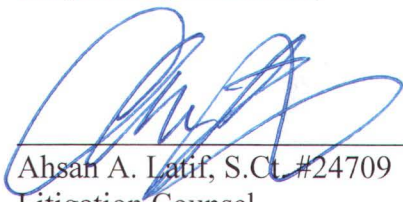
In the Matter of the Investigation of **Double D**)
Family Mat Shop Inc., of Park, Kansas,)
Regarding the Violation(s) of the Motor)
Carrier Safety Statutes, Rules and Regulations) Docket No. 19-TRAM-221-PEN
and the Commission's Authority to Impose)
Penalties, Sanctions and/or the Revocation of)
Motor Carrier Authority.)

PROOF OF SERVICE

The undersigned, Ahsan A. Latif, Litigation Counsel, hereby makes record that pursuant to the attached Domestic Return Receipt, on December 17, 2018, Double D Family Mat Shop Inc. received valid service of the Penalty Order issued by the Commission on December 13, 2018.


Dated this 14 day of January, 2019.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709
Litigation Counsel
Kansas Corporation Commission
1500 SW Arrowhead Road
Topeka, Kansas 66604
(785) 271-3118 (Telephone)
(785) 271-3167 (Facsimile)
a.latif@kcc.ks.gov (Email)

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. 9-221-PEN 	A. Signature X <i>Dale Goetz</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
DALE GOETZ, PRESIDENT DOUBLE D FAMILY MAT SHOP INC. 6606 E RD 100 S PARK, KS 67751-5505	B. Received by (Printed Name)	C. Date of Delivery 12-17-18
		<input type="checkbox"/> Address different from item 1? Yes <input type="checkbox"/> or delivery address below: No <i>R. D. Goetz</i>
 12-13 9590 9402 2589 6336 9309 47	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input 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"/> Restricted Delivery <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	
2. Article Number (Transfer from service label) 7016 1970 0001 0574 3168		
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt