

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Ronald E.)**
Claar, d/b/a R&B Treeworks, of Spring Hill,)
Kansas, Regarding the Violation(s) of the)
Motor Carrier Safety Statutes, Rules and) Docket No. 17-TRAM-513-PEN
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 June 9, 2017, Ronald E. Claar, d/b/a R&B Treeworks received valid service of the Penalty Order issued by the Commission on June 6, 2017.

Dated this 14 day of June, 2017.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709
Litigation Counsel
Kansas Corporation Commission
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Topeka, Kansas 66604
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a.latif@kcc.ks.gov (Email)

For Commission Staff

SENDER: COMPLETE THIS SECTION

- 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. 17-513-PEN

RONALD E. CLAR, OWNER
RONALD E. CLAR D/B/A R&B TREWORKS
21541 S LACKMAN RD
SPRING HILL, KS 66083-3057

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Bonnie Claar ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Bonnie Claar C. Date of Delivery 6/9/17

Address different from item 1? ☐ Yes
or delivery address below: ☒ No



6-2 9590 9402 2448 6249 6036 28

2. Article Number (Transfer from service label)

7016 1970 0001 0574 0655

3. Service Type

- | | |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt