

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of **William J.)
Wiederholt, d/b/a Bill Wiederholt Trucking,)
of Baldwin City, Kansas, Regarding the)
Violation(s) of the Motor Carrier Safety) Docket No. 18-TRAM-342-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 March 2, 2018, William J. Wiederholt, d/b/a Bill Wiederholt Trucking received valid service of the Penalty Order issued by the Commission on February 27, 2018.

Dated this 6th day of March, 2018.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24769
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. 18-342 PEN 	<p>A: Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: right;">3-2-18</p>
<p>WILLIAM WIEDERHOLT, OWNER WILLIAM J. WIEDERHOLT D/B/A BILL WIEDERHOLT TRUCKING 1246 N 1 RD BALDWIN CITY, KS 66006</p>	
 <p>2279590 9402 2589 6336 9028 45</p>	<p>3. Service type</p> <ul style="list-style-type: none"> <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 Mail <input type="checkbox"/> Insured Mail 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
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7016 1970 0001 0574 4226</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	