

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

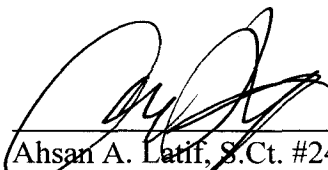
In the Matter of the Investigation of **Kulver**)
Chance Ellis, d/b/a KE Trucking, of Scott)
City, Kansas, Regarding the Violation(s) of)
the Motor Carrier Safety Statutes, Rules and) Docket No. 17-TRAM-385-PEN
Regulations and the Commission's Authority)
to Impose Penalties, Sanctions and/or the)
Revocation 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 March 6, 2017, Kulver Chance Ellis, d/b/a KE Trucking received valid service of the Penalty Order issued by the Commission on February 28, 2017.


Dated this 23rd day of March, 2017.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709
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Kansas Corporation Commission
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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. 17-385-PEN 		<p>A. Signature X <i>Kulver Chance Ellis</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Kulver Ellis</i> C. Date of Delivery <i>3-6-17</i></p> <p>Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p>	
<p>KULVER CHANCE ELLIS, OWNER/OPERATOR KULVER CHANCE ELLIS D/B/A KE TRUCKING 10250 N INDIAN RD SCOTT CITY, KS 67871-6024</p>			
 9590 9403 0605 5183 2464 49		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 1970 0001 0574 1713</p>			
PS Form 3811, April 2015 PSN 7530-02-000-9053		Domestic Return Receipt	