

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of State to)
State Express Inc of Topeka, Kansas, regarding)
the Violation(s) of the Motor Carrier Safety)
Statutes, Rules and Regulations and the) Docket No. 24-TRAM-880-UCR
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, that Abigail R. Saia of State to State Express Inc of Topeka, Kansas, received valid service of the Penalty Order on 6-28-24, issued by the Commission on 6-25-24.


Dated this 10th day of July, 2024.

Respectfully submitted,

/s/ Ahsan A. Latif

Ahsan A. Latif, S.Ct. #24709
Litigation Counsel
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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. | <p>A. Signature <input checked="" type="checkbox"/> <i>Abigail R. Saia</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Abigail R. Saia</i> C. Date of Delivery <i>6/28/24</i></p> |
| <p>1. Article Addressed to:</p> <p>RISHAW KHAWAS, CEO STATE TO STATE EXPRESS INC 2410 SW GRANTHURST AVE TOPEKA, KS 66611</p>  <p>9590 9402 8290 3094 6027 28</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p> <p><i>Kansas Corporation Counsel</i> <i>JUL 02 2024</i> <i>Office of Litigation Counsel</i></p> <p><input type="checkbox"/> Adult Signature <input checked="" 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</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0463 2062 44</p> | <p>Mail Restricted Delivery (00)</p> |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p> | |