

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

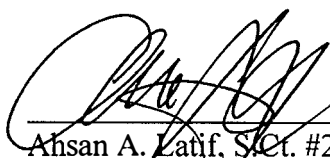
In the Matter of the Investigation of **Inman** )  
**Irrigation Specialists, Inc., of Inman,** )  
**Kansas,** Regarding the Violation(s) of the )  
Motor Carrier Safety Statutes, Rules and ) Docket No. 18-TRAM-192-PEN  
Regulations and the Commission's Authority )  
to Impose Penalties, Sanctions and/or 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 November 20, 2017, Inman Irrigation Specialists, Inc. received valid service of the Penalty Order issued by the Commission on November 16, 2017.

Dated this 15 day of December, 2017.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709  
Litigation Counsel  
Kansas Corporation Commission  
1500 SW Arrowhead Road  
Topeka, Kansas 66604  
(785) 271-3118 (Telephone)  
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[a.latif@kcc.ks.gov](mailto: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. **18-192-PEN**

ANNABE L. STEWART, PRESIDENT  
INMAN IRRIGATION SPECIALISTS, INC.  
892 ARAPAHO ROAD  
INMAN, KS 67546-8002

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☒ Agent☐ Addressee

B. Received by (Printed Name)

Jacob Charles

C. Date of Delivery

11-28-17

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



11-16 9590 9402 2448 6249 6029 80

2 Article Number (Transfer from service label)

7016 1970 0001 0574 2871

## 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 Restricted Delivery        |                                                                     |

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

Domestic Return Receipt