

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

In the Matter of the Investigation of **J.M.D.,** )  
**Inc., d/b/a Complete Pools, of Belton,** )  
**Kansas,** Regarding the Violation(s) of the )  
Motor Carrier Safety Statutes, Rules and ) Docket No. 19-TRAM-112-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 October 7, 2018, J.M.D., Inc., d/b/a Complete Pools received valid service of the Penalty Order issued by the Commission on September 27, 2018.



Dated this 16<sup>th</sup> day of October, 2018.

Respectfully submitted,



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For Commission Staff

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits. <b>19-112-PEN</b></p> <p style="margin-top: 20px;">ZOE R. FRANK, OFFICE MANAGER J.M.D., INC. D/B/A COMPLETE POOLS 17407 S STATE ROUTE D BELTON, MO 64102</p>	<p><b>A. Signature</b>  <div style="border-bottom: 1px solid black; width: 150px; margin-top: 5px;">  </div> </p> <p><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><b>B. Received by (Printed Name)</b>  <div style="border-bottom: 1px solid black; width: 150px; margin-top: 5px;"> Zoe Frank </div> </p> <p><b>C. Date of Delivery</b>  <div style="border-bottom: 1px solid black; width: 100px; margin-top: 5px;"> 10/17/18 </div> </p> <p>Address different from item 1? <input type="checkbox"/> Yes  or delivery address below: <input checked="" type="checkbox"/> No</p>
<div style="text-align: center;">  </div> <p><b>9590 9402 2589 6336 9303 29</b></p>	<p><b>3. Service Type</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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"/> Registered Mail Restricted Delivery </div> <div style="width: 45%;"> <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 </div> </div>
<p><b>2. Article Number (Transfer from service label)</b></p> <p style="font-size: 1.2em; letter-spacing: 0.5em;">7016 1970 0001 0574 5179</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>	