

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Strong**)
Masonry Constructors, LLC, of Frontanec,)
Kansas, Regarding the Violation(s) of the)
Motor Carrier Safety Statutes, Rules and) Docket No. 19-TRAM-104-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 10, 2018, Strong Masonry Constructors, LLC received valid service of the Penalty Order issued by the Commission on September 25, 2018.

Dated this 16th day of October, 2018.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709
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
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 19-104-PEN </p>	<p> A. Signature <div style="display: flex; justify-content: space-between; align-items: center;"> X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> </p> <p> B. Received by (Printed Name) C. Date of Delivery <div style="display: flex; justify-content: space-between;"> Douglas D. Strong 10/10/18 </div> </p> <p> <small>Address different from item 1? <input type="checkbox"/> Yes</small> <small>or delivery address below: <input type="checkbox"/> No</small> </p>
<p>DOUGLAS D. STRONG, MEMBER STRONG MASONRY CONSTRUCTORS, LLC 301 CAROLINE DRIVE FRONTENAC, KS 66763</p>	
<div style="text-align: center;"> </div> <p>9590 9402 2589 6336 9302 68</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <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 Restricted Delivery </div> <div style="width: 35%;"> <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>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>7016 1470 0001 0574 5230</p> </div>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	