

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

In the Matter of the Investigation of **K&T** )  
**Services, LLC, of Claflin, Kansas,** Regarding )  
the Violation(s) of the Motor Carrier Safety )  
Statutes, Rules and Regulations and the ) Docket No. 19-TRAM-305-PEN  
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 February 15, 2019, K&T Services, LLC received valid service of the Penalty Order issued by the Commission on February 12, 2019.


Dated this 6 day of March, 2019.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709  
Litigation Counsel  
Kansas Corporation Commission  
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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>19-305-PEN</b></p> |  | <p>A. Signature<br/> <input checked="" type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery<br/> <b>2-15</b></p>  |  |
| <p>NANCY LIEBL, MANAGING MEMBER<br/> K&amp;T SERVICES, LLC<br/> 953 NE 120 AVENUE<br/> OLAFLIN, KS 67525</p>  |  | <p>Address different from item 1? <input type="checkbox"/> Yes<br/> or delivery address below: <input type="checkbox"/> No</p>   |  |
| <p>1. Barcode<br/> <br/> <b>2-19590 9402 2589 6336 9313 64</b></p>   |  | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature<br/> <input type="checkbox"/> Adult Signature Restricted Delivery<br/> <input type="checkbox"/> Certified Mail®<br/> <input type="checkbox"/> Certified Mail Restricted Delivery<br/> <input type="checkbox"/> Collect on Delivery<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery (over \$500)<br/> <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |  |
| <p>2. Article Number (Transfer from service label)<br/> <b>7016 1970 0001 0574 6718</b></p>   |  |  |  |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>   |  | <p>Domestic Return Receipt</p>   |  |