

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of Plumage)
Group Inc of Olathe, Kansas regarding the)
Violation(s) of the Motor Carrier Safety)
Statutes, Rules and Regulations and the) Docket No. 25-TRAM-058-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, Ting of Plumage Group Inc of Olathe, Kansas, received valid service of the Suspension Order on 10/29/24, issued by the Commission on 10/24/24.


Dated this 5th day of November, 2024.

Respectfully submitted,

/s/ Ahsan A. Latif

Ahsan A. Latif, S.Ct. #24709
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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. 		A. Signature X <i>Tung</i>	
		<input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: HARKARAN SINGH, PRESIDENT PLUMAGE GROUP INC 13505 S MUR-LEN RD STE 105 OLATHE, KS 66062		B. Received by (Printed Name) <i>Tung</i>	C. Date of Delivery 10/29/24
		D. Is delivery address different from item 1? or delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Kansas Corporation Commission	
 9590 9402 8332 3094 4833 84		NOV 01 2024 <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"/> Mail Restricted Delivery (0)	
2. Article Number (Transfer from service label) 9589 0710 5270 0635 1599 27		<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	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	