

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

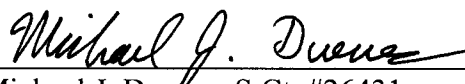
In the Matter of the Investigation of **Randall**)
D. Cook, d/b/a Cook Trucking, of Grinnell,)
Kansas, Regarding the Violation(s) of the)
Motor Carrier Safety Statutes, Rules and) Docket No. 15-TRAM-362-PEN
Regulations and the Commission's Authority)
to Impose Penalties, Sanctions and/or the)
Revocation of Motor Carrier Authority.)

PROOF OF SERVICE

The undersigned, Michael J. Duenes, Litigation Counsel, hereby makes record that pursuant to the attached Domestic Return Receipt, on April 3, 2015, Randall D. Cook, d/b/a Cook Trucking received valid service of the Penalty Order issued by the Commission on March 26, 2015.

Dated this 16th day of April, 2015.

Respectfully submitted,



Michael J. Duenes, S.Ct. #26431
Litigation Counsel
Kansas Corporation Commission
1500 SW Arrowhead Road
Topeka, Kansas 66604
(785) 271-3181 (Telephone)
(785) 271-3167 (Facsimile)
m.duenes@kcc.ks.gov (Email)

For Commission Staff

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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. <i>PS-362-PEN</i> 		<p>A. Signature <input checked="" type="checkbox"/> <i>Randy Cook</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>RANDALL D. COOK, OWNER RANDALL D. COOK D/B/A COOK TRUCKING 1750 CR 26 GRINNELL, KS 67738-6008</p>		<p>B. Received by (Printed Name) <i>Randy Cook</i> C. Date of Delivery <i>3-3-15</i></p> <p>address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p>	
		<p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>3-26</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7009 2820 0000 5905 7468</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540