

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Bryce**)
Heckert, d/b/a Hecker Trucking, of Girard,)
Kansas, Regarding the Violation(s) of the)
Motor Carrier Safety Statutes, Rules and) Docket No. 20-TRAM-467-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 June 1, 2020, Bryce Heckert, d/b/a Hecker Trucking received valid service of the Penalty Order issued by the Commission on May 21, 2020.

Dated this 4th day of June, 2020.

Respectfully submitted,

/s/ Ahsan A. Latif
Ahsan A. Latif, S.Ct. #24709
Litigation Counsel
Kansas Corporation Commission
1500 SW Arrowhead Road
Topeka, Kansas 66604
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(785) 271-3167 (Facsimile)
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For Commission Staff

SENDER. COMPLETE THIS SECTION

- 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. 20-467-PEN

BRYCE M HECKERT, OWNER
BRYCE HECKERT D/B/A B HECKER TRUCKING
PO BOX 45
GIRARD, KS 66743

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Ken Bailey

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

6-7-20

Address different from item 1? ☐ Yes
or delivery address below: ☐ No



5-21 9590 9402 2218 6193 7401 04

2. Article Number (Transfer from service label)

7012 2920 0001 4263 5484

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail™ | |
| <input type="checkbox"/> Insured Mail Restricted Delivery | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt