

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS


In the Matter of the Investigation of **Adams** )  
**Trucking, LLC, of Coffeyville, Kansas,** )  
Regarding the Violation(s) of the Motor )  
Carrier Safety Statutes, Rules and Regulations ) Docket No. 14-TRAM-434-PEN  
and the Commission's Authority to Impose )  
Penalties, Sanctions and/or the Revocation of )  
Motor Carrier Authority. )

**PROOF OF SERVICE**

The undersigned, Robert E. Vincent, Litigation Counsel, hereby makes record that pursuant to the attached Domestic Return Receipt, on April 22, 2014, Adams Trucking, LLC received valid service of the Penalty Order issued by the Commission on April 17, 2014.

Dated this 1st day of May, 2014.

Respectfully submitted,

  
Robert E. Vincent, S.Ct. #26028  
Litigation Counsel  
Kansas Corporation Commission  
1500 SW Arrowhead Road  
Topeka, Kansas 66604  
(785) 271-3273 (Telephone)  
(785) 271-3167 (Facsimile)  
[r.vincent@kcc.ks.gov](mailto:r.vincent@kcc.ks.gov) (Email)

For Commission Staff

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits. <b>14-434-PEN</b></li> </ul>	A. Signature <input checked="" type="checkbox"/> Rocky Adams	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
ROCKY L. ADAMS, OWNER ADAMS TRUCKING, LLC 5162 CR 1420 COFFEYVILLE, KS 67337	B. Received by (Printed Name) Rocky Adams	C. Date of Delivery 4-22-14
4-17-14	address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No	
	<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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7012 2920 0001 4263 0328	
PS Form 3811, February 2004    Domestic Return Receipt    102595-02-M-1540		