

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

In the Matter of the Investigation of )  
**Husqvarna Construction Products North** )  
**America, Inc., of Olathe, Kansas,** Regarding )  
the Violation(s) of the Motor Carrier Safety ) Docket No. 15-TRAM-109-PEN  
Statutes, Rules and 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 October 6, 2014, Husqvarna Construction  
Products North America, Inc. received valid service of the Penalty Order issued by the  
Commission on October 2, 2014.

Dated this 28th day of October, 2014.

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"> <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. <i>15-109-PEN</i></li> </ul>		<p>A. Signature  <i>[Signature: P. Flake]</i> </p> <p>B. Received by (Printed Name)  <i>P. Flake</i> </p> <p>C. Date of Delivery  <i>10/6/14</i> </p>	
<p>KEVIN COURTNEY, FLEET MANAGER  HUSQVARNA CONSTRUCTION PRODUCTS  NORTH AMERICA, INC.  17400 W 119TH ST  OLATHE, KS 66061</p>		<p>Address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No  If delivery address below:</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  (Transfer from service label)</p>		<p><b>7010 3090 0000 7200 1653</b></p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>102595-02-M-1540</p>	