

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Matthew** )  
**Samuel Hopson, d/b/a Matt Hopson** )  
**Harvesting, of Goodland, Kansas,** Regarding )  
the Violation(s) of the Motor Carrier Safety ) Docket No. 19-TRAM-392-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, Ahsan A. Latif, Litigation Counsel, hereby makes record that pursuant to the attached Domestic Return Receipt, on April 6, 2019, Matthew Samuel Hopson, d/b/a Matt Hopson Harvesting received valid service of the Penalty Order issued by the Commission on April 2, 2019.


Dated this 23<sup>rd</sup> day of April, 2019.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709  
Litigation Counsel  
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For Commission Staff

SENDER. COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits. <b>19-342-P6N</b></p>		<p>A. Signature <b>X</b></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		B. Received by (Printed Name)	C. Date of Delivery <b>4-6-19</b>
<p>MATTHEW SAMUEL HOPSON, OWNER MATTHEW SAMUEL HOPSON D/B/A MATT HOPSON HARVESTING 1610 RD 65 GOODLAND, KS 67735-9053</p>		<p>Address different from item 17 <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p>	
<p> 9590 9402 2589 6336 9049 48</p>		<p>3. Service Type</p> <p><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</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label) <b>7012 2420 0001 4263 4166</b></p>			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	