

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of Reaper)
Express LLC of Erie, Kansas, regarding the)
Violation(s) of the Motor Carrier Safety)
Statutes, Rules and Regulations and the) Docket No. 24-TRAM-741-UCR
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, an Individual of Reaper Express LLC, of Erie, KS, received valid service of the Penalty Order on 5-29-24, issued by the Commission on 5-23-24.


Dated this 3rd day of June, 2024.

Respectfully submitted,

/s/ Ahsan A. Latif

Ahsan A. Latif, S.Ct. #24709
Litigation Counsel
Kansas Corporation Commission
1500 SW Arrowhead Road
Topeka, Kansas 66604
(785) 271-3118 (Telephone)
(785) 271-3167 (Facsimile)
a.latif@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. 14-741-UCD ■ 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. | <p>A. Signature <input checked="" type="checkbox"/> <i>Paul K...</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> <i>Paul K...</i></p> <p>C. Date of Delivery 5/29/24</p> |
| <p>1. Article Addressed to:</p> <p>ANTHONY ALLISON, MEMBER REAPER EXPRESS LLC 305 E CANVILLE ST ERIE, KS 66733</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No or delivery address below</p> <p><i>Kansas Corporation Commission per usps.com</i></p> <p>JUN 03 2024</p> <p><i>Office of Litigation Counsel</i></p> |
|  9590 9402 8288 3094 7966 06 | <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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <p>2. Article Number (Transfer from service label)</p> <p>7022 2410 0002 9316 4517</p> | <input type="checkbox"/> Mail Restricted Delivery (00) |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> | <p>Domestic Return Receipt</p> |