

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Daves Inc,** )  
**d/b/a Dave's Body Shop and Wrecker** )  
**Service, of Independence, Kansas,** Regarding )  
the Violation(s) of the Motor Carrier Safety ) Docket No. 20-TRAM-006-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 July 15, 2019, Daves Inc, d/b/a Dave's Body Shop and Wrecker Service received valid service of the Penalty Order issued by the Commission on July 11, 2019.


Dated this 15<sup>th</sup> day of July, 2019.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709  
Litigation Counsel  
Kansas Corporation Commission  
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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>20-DOLPEN</b></p>		<p>A. Signature <b>X</b> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		B. Received by (Printed Name)	C. Date of Delivery <b>7-15-19</b>
<p>DAVID M HINES, PRESIDENT DAVES INC D/B/A DAVES BODY SHOP AND WRECKER SERVICE 1600 W MAIN INDEPENDENCE, KS 67301</p>		<p>Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p>	
<p> 9590 9402 2218 6193 7315 15</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>Article Number (Transfer from service label) <b>7012 2920 0001 4263 3251</b></p>			

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

Domestic Return Receipt