

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS


In the Matter of the Investigation of **Northern** )  
**Kansas Transport, d/b/a NKT, Inc., of** )  
**Lenexa, Kansas,** Regarding the Violation(s) of )  
the Motor Carrier Safety Statutes, Rules and ) Docket No. 16-TRAM-383-PEN  
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 March 7, 2016, Northern Kansas Transport, d/b/a NKT, Inc. received valid service of the Penalty Order issued by the Commission on March 3, 2016.

Dated this 16 day of March, 2016.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709  
Litigation Counsel  
Kansas Corporation Commission  
1500 SW Arrowhead Road  
Topeka, Kansas 66604  
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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>16-383-PEN</i></li> </ul>		A. Signature <i>X Joseph Kinnaird</i> <div style="float: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div>	
JIM BRITZ, PRESIDENT NORTHERN KANSAS TRANSPORT INC. D/B/A NI 9775 LENEXA DRIVE LENEXA, KS 66215		B. Received by (Printed Name)	
		C. Date of Delivery <b>3-7-16</b>	
<div style="text-align: right;"> address different from item 1? <input type="checkbox"/> Yes  or delivery address below: <input type="checkbox"/> No </div>		<input checked="" type="checkbox"/> Certified Mail <div style="float: right;"> <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. </div>	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		<b>7010 3090 0000 7200 481</b>	