

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of David)
Argabright of Atwood, Kansas regarding the)
Violation(s) of the Motor Carrier Safety)
Statutes, Rules and Regulations and the) Docket No. 25-TRAM-461-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, Kansas, David Argabright received valid service of the Penalty Order on 7/21/25, issued by the Commission on 7/17/25.

Dated this 19th day of August, 2025.

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
<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.</p>	<p>A. Signature <div style="display: flex; align-items: center;"> X <div style="margin-left: 20px;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>7/21/25</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>DAVID ARGABRIGHT, OWNER DAVID ARGABRIGHT 15641 EAGLE RD ATWOOD, KS 67730</p>	<p>Kansas Corporation Commission</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0639 9698 98</p>	<div style="text-align: right; margin-bottom: 10px;"> JUL 28 2025 </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery </div> <div style="width: 45%;"> <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 </div> </div> <p style="font-size: small;">Mail Restricted Delivery (300)</p>

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt