

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

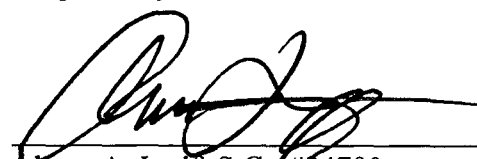
In the Matter of the Investigation of **Kyle**)
Dean Bretton, d/b/a Bretton Trucking, of)
Minneapolis, Kansas, Regarding the)
Violation(s) of the Motor Carrier Safety) Docket No. 19-TRAM-110-PEN
Statutes, Rules and Regulations and the)
Commission's Authority to Impose Penalties,)
Sanctions and/or the 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 October 3, 2018, Kyle Dean Bretton, d/b/a Bretton Trucking received valid service of the Penalty Order issued by the Commission on September 25, 2018.


Dated this 16th day of October, 2018.

Respectfully submitted,



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. ■ 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. 19-110-AEU 	A. Signature x <i>Kyle Dean Bretton</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee																
KYLE DEAN BRETTON, OWNER KYLE DEAN BRETTON D/B/A BRETTON TRUCKII 628 MULBERRY ROAD MINNEAPOLIS, KS 67467	B. Received by (Printed Name) <i>Kathleen Bretton</i>	C. Date of Delivery <i>10/3/18</i>																
	Address different from Item 1? <input type="checkbox"/> Yes or delivery address below: <input checked="" type="checkbox"/> No																	
2. Article Number (Transfer from service label) <i>925</i> 9590 9402 2589 6336 9303 12 7016 1970 0001 0574 5186	3. Service Type <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail™</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail™		<input type="checkbox"/> Insured Mail Restricted Delivery	
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PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt																