

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS


In the Matter of the Investigation of **Double D** )  
**Family Mat Shop Inc., of Park, Kansas,** )  
Regarding the Violation(s) of the Motor )  
Carrier Safety Statutes, Rules and Regulations ) Docket No. 17-TRAM-569-PEN  
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 28, 2017, Double D Family Mat Shop Inc. received valid service of the Amended Penalty Order issued by the Commission on July 11, 2017.

Dated this 1 day of August, 2017.

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](mailto:a.latif@kcc.ks.gov) (Email)

For Commission Staff

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. *Amv. P.O.*
- 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. *7-518-46N*

DALE GOETZ, PRESIDENT  
DOUBLE D FAMILY MAT SHOP INC.  
6606 E RD 100 S  
PARK, KS 67751-5505

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent  
☐ Addressee  
B. Received by (Printed Name) *Amber Hutchison*  
C. Date of Delivery *7-28-97*

Address different from item 1? ☐ Yes  
or delivery address below: ☐ No



*7-11* 9590 9402 2448 6249 6039 49

2. Article Number (Transfer from service label)

7016 1970 0001 0574 0310

3. Service Type
- |  |   |
|--|---|
| <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        |   |

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

Domestic Return Receipt