

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Hugo B.**)
De Jesus, d/b/a A & H Auto Repair, of)
Manhattan, Kansas, Regarding the)
Violation(s) of the Motor Carrier Safety) Docket No. 19-TRAM-356-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 April 3, 2019, Hugo B. De Jesus, d/b/a A & H Auto Repair received valid service of the Penalty Order issued by the Commission on March 14, 2019.



Dated this 9th day of April, 2019.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709
Litigation Counsel
Kansas Corporation Commission
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Topeka, Kansas 66604
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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. 19-356-Pew</p>		<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		<p>B. Received by (Printed Name) Kelsey Galloway</p>	<p>C. Date of Delivery 4/3/19</p>
<p>HUGO B. DE JESUS, OWNER HUGO B. DE JESUS D/B/A A & H AUTO REPAIR 1374 COLLINS LANE MANHATTAN, KS 66502-9511</p>		<p>Address different from item 1? <input type="checkbox"/> Yes delivery address below: <input type="checkbox"/> No</p>	
 34K 9590 9402 2589 6336 9316 54		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label) 7016 1970 0001 0574 6336</p>			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	