

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Custom**)
Tree Care, Inc., of Topeka, Kansas,)
Regarding the Violation(s) of the Motor)
Carrier Safety Statutes, Rules and Regulations) Docket No. 18-TRAM-361-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 April 5, 2018, Custom Tree Care, Inc. received valid service of the Penalty Order issued by the Commission on March 1, 2018.



Dated this 27th day of April, 2018.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709
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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. 18-361-PGN</p> | | <p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| | | B. Received by (Printed Name) | C. Date of Delivery |
| | | | 4-5-18 |
| <p>GREG GATHERS, PRESIDENT CUSTOM TREE CARE, INC. PO BOX 67593 TOPEKA, KS 66667</p> | | <p>Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p> | |
| <p></p> <p>3 9590 9402 2589 6336 9033 30</p> | | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input 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"/> 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)</p> <p>7016 1970 0001 0574 3823</p> | | | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | | Domestic Return Receipt | |