

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Extru-**)
Tech, Inc., of Sabetha, Kansas, Regarding the)
Violation(s) of the Motor Carrier Safety)
Statutes, Rules and Regulations and the) Docket No. 20-TRAM-203-PEN
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 November 18, 2019, Extru-Tech, Inc. received valid service of the Penalty Order issued by the Commission on November 14, 2019.

Dated this 5th day of December, 2019.

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. <i>20-2D3-PEM</i></p> <p>LORI M. HOLTHAUS, TREASURER EXTRU-TECH, INC. PO BOX 8 SABETHA, KS 66534</p>		<p>A. Signature <i>Linda Baumgartner</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received By (Printed Name) <i>Linda Baumgartner</i> C. Date of Delivery <i>11/18/19</i></p> <p>Address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If delivery address below: <i>20-2D3-PEM</i></p>	
<p>9590 9402 2218 6193 7310 10</p> <p>2. Article Number (Transfer from service label) <i>7012 2920 0001 4263 7020</i></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	