

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Gary** )  
**Unruh, d/b/a Unruh Distributing, of Great** )  
**Bend, Kansas**, Regarding the Violation(s) of )  
the Motor Carrier Safety Statutes, Rules and ) Docket No. 19-TRAM-394-PEN  
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 15, 2019, Gary Unruh, d/b/a Unruh Distributing received valid service of the Penalty Order issued by the Commission on April 11, 2019.

Dated this 23<sup>rd</sup> 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. <b>19-394-PEU</b></p>	<p>A. Signature  <div style="display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 10px;">X</span> <div style="margin-left: 20px;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div> </div> </p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>B. Received by (Printed Name)</p> </div> <div style="width: 35%;"> <p>C. Date of Delivery  <div style="font-size: 1.5em;">4-15-19</div> </p> </div> </div> <div style="margin-top: 10px;"> <p>Address different from item 1? <input type="checkbox"/> Yes  or delivery address below: <input type="checkbox"/> No</p> </div>
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>GARY UNRUH, OWNER  GARY UNRUH D/B/A UNRUH DISTRIBUTING  1909 23RD STREET  GREAT BEND, KS 67530-2504</p> </div> <div style="width: 35%;"></div> </div>	
<div style="text-align: center;"> </div> <p>4-1 9590 9402 2589 6336 9049 55</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> </div> <div style="width: 35%;"> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> </div> </div>
<p>2. Article Number (Transfer from service label)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>7012 2920 0001 4263 4158</p> </div> <div style="width: 35%;"></div> </div>	
<div style="display: flex; justify-content: space-between;"> <p>PS Form 3811, July 2015 PSN 7530-02-000-9059</p> <p>Domestic Return Receipt</p> </div>	