

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

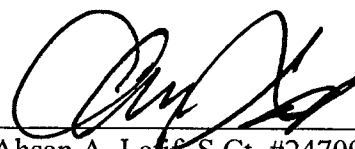
In the Matter of the Investigation of **Anthony**)
D. Stover, d/b/a Kansas River)
Transportation, of Oskaloosa, Kansas,)
Regarding the Violation(s) of the Motor) Docket No. 17-TRAM-549-PEN
Carrier Safety Statutes, Rules and Regulations)
and the Commission's Authority to Impose)
Penalties, Sanctions and/or 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 June 26, 2017, Anthony D. Stover, d/b/a Kansas River Transportation received valid service of the Penalty Order issued by the Commission on June 22, 2017.

Dated this 10 day of July, 2017.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709
Litigation Counsel
Kansas Corporation Commission
1500 SW Arrowhead Road
Topeka, Kansas 66604
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For Commission Staff

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. **7-549-PEN**

ANTHONY D. STOVER, OWNER
ANTHONY D. STOVER D/B/A KANSAS RIVER
TRANSPORTATION
405 TURKEYRUN CIR
OSKALOOSA, KS 66066

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Angela Driffin

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

6-26-17

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



6-229590 9402 2448 6249 6034 68

2. Article Number (Transfer from service label)

7016 1970 0001 0574 0532

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"/> Mail Restricted Delivery | |

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

Domestic Return Receipt