

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Jerry W. Hoppe, d/b/a Hoppe's Trucking, of Glasco, Kansas**, Regarding the Violation(s) of the Motor Carrier Safety Statutes, Rules and Regulations and the Commission's Authority to Impose Penalties, Sanctions and/or the Revocation of Motor Carrier Authority. )  
)  
)  
) Docket No. 18-TRAM-007-PEN  
)  
)  
)

**PROOF OF SERVICE**

The undersigned, Ahsan A. Latif, Litigation Counsel, hereby makes record that pursuant to the attached Domestic Return Receipt, on August 7, 2017, Jerry W. Hoppe, d/b/a Hoppe's Trucking received valid service of the Amended Penalty Order issued by the Commission on August 3, 2017.

Dated this \_\_\_\_ day of September, 2017.

Respectfully submitted,

---

Ahsan A. Latif, S.Ct. #24709  
Litigation Counsel  
Kansas Corporation Commission  
1500 SW Arrowhead Road  
Topeka, Kansas 66604  
(785) 271-3118 (Telephone)  
(785) 271-3167 (Facsimile)  
[a.latif@kcc.ks.gov](mailto:a.latif@kcc.ks.gov) (Email)

For Commission Staff

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. <i>Amd. P.O.</i></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>18-007-PEN</i></p>		<p>A. Signature <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>Doan/Melville</i></p> <p>C. Date of Delivery <i>8-7-17</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>JERRY W. HOPPE, OWNER JERRY W. HOPPE D/B/A HOPPE'S TRUCKING PO BOX 523 GLASCO, KS 67445-9346</p>		<p>Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p>	
<p>8.3 9590 9402 2448 6249 6041 68</p> <p>Article Number (Transfer from service label) 7016 1970 0001 0574 0181</p>		<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"/> 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>	

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

Domestic Return Receipt