

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

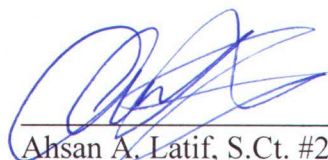
In the Matter of the Investigation of **Schuster** )  
**Battery Co., d/b/a Interstate Batteries** )  
**Northern Kansas, of Topeka, Kansas,** )  
Regarding the Violation(s) of the Motor ) Docket No. 19-TRAM-408-PEN  
Carrier Safety Statutes, Rules and Regulations )  
and the Commission's Authority to 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 April 19, 2019, Schuster Battery Co., d/b/a Interstate Batteries Northern Kansas received valid service of the Penalty Order issued by the Commission on April 16, 2019.

Dated this 26<sup>th</sup> day of April, 2019.

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.</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>19-408-PEN</b></p> <p>MARK SCHUSTER, PRESIDENT SCHUSTER BATTERY CO. D/B/A INTERSTATE BATTERIES NORTHERN KANSAS 929 SW UNIVERSITY BLVD STE C1 TOPEKA, KS 66619</p>		<p>A. Signature <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <i>[Signature]</i></p> <p>Address different from item 1? <input type="checkbox"/> Yes or delivery address below <input type="checkbox"/> No</p> <p><b>APR 19 2013</b> <i>Mark Schuster</i> TOPEKA, KS</p>	
<p>4-14 9590 9402 2589 6336 9036 75</p> <p>Article Number (Transfer from secure label)</p> <p>7012 2920 0001 4263 4081</p>		<p>3. Service Type</p> <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</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> <p><input type="checkbox"/> Priority Mail Express</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9058

Domestic Return Receipt