

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of **David**)
Roach, d/b/a WGC Trucking, of Lewis,)
Kansas, Regarding the Violation(s) of the)
Motor Carrier Safety Statutes, Rules and) Docket No. 17-TRAM-421-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 May 22, 2017, David Roach, d/b/a WGC Trucking received valid service of the Amended Penalty Order issued by the Commission on May 18, 2017.


Dated this 1 day of June, 2017.

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. <i>And 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>17-421-PCW</i></p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Bryan Hamblin</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>DAVID ROACH, OWNER DAVID ROACH D/B/A WGC TRUCKING 1953 JACKSON ST LEWIS, KS 67552-5220</p>		<p>B. Received by (Printed Name) <i>Bryan Hamblin</i></p> <p>C. Date of Delivery <i>5-22-17</i></p> <p>Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>518  9590 9402 2448 6249 6037 58</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"/> Insured Mail <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>	
<p>2. Article Number (Transfer from service label) 7016 1970 0001 0574 0785</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	

Domestic Return Receipt