

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

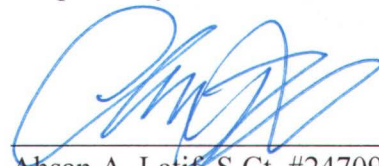
In the Matter of the Investigation of **S & J**)
Tow and Recovery LLC, of Topeka, Kansas,)
Regarding the Violation(s) of the Motor)
Carrier Safety Statutes, Rules and Regulations) Docket No. 19-TRAM-420-PEN
and the Commission's Authority to Impose)
Penalties, Sanctions and/or the Revocation of)
Motor 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 27, 2019, S & J Tow and Recovery LLC received valid service of the Penalty Order issued by the Commission on April 23, 2019.


Dated this 7th day of May, 2019.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709
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For Commission Staff

| SENDER COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> ■ 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. <i>19-420-AGW</i> | <p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Mulqueen</i> <i>4-27-19</i></p> |
| <p>JOSHUA MULQUEEN, MANAGING MEMBER S & J TOW AND RECOVERY LLC 1907 NE MONROE TOPEKA, KS 66608-1742</p> | <p>Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input checked="" type="checkbox"/> No</p> |
| <p> <i>423</i> 9590 9402 2589 6336 9323 30</p> | <p>3. Service Type</p> <ul style="list-style-type: none"> <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"/> Mail Restricted Delivery <input type="checkbox"/> Priority Mail Express® <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>2. Article Number (Transfer from service label) 7012 2920 0001 4263 3978</p> | |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> | <p>Domestic Return Receipt</p> |