

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS


In the Matter of the Investigation of **Kolton**)
Harting Trucking LLC, of Norton, Kansas,)
Regarding the Violation(s) of the Motor)
Carrier Safety Statutes, Rules and Regulations) Docket No. 19-TRAM-428-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 May 3, 2019, Kolton Harting Trucking LLC received valid service of the Penalty Order issued by the Commission on April 30, 2019.


Dated this 8th day of May, 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 (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. <i>19-428-PCU</i></p>		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>															
		<p>B. Received by (Printed Name) <i>Wyatt Harting</i></p>	<p>C. Date of Delivery <i>5-3-19</i></p>														
<p>KOLTON HARTING, OWNER KOLTON HARTING TRUCKING LLC 16799 ROAD U NORTON, KS 67654</p>		<p>Address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>															
 <i>W</i> 9590 9402 2589 6336 9322 55		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input 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 Restricted Delivery (over \$500)	
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<p>7012 2420 0001 1426318916</p>																	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>															