

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Hunter**)
Trucking, LLC, of Larned, Kansas,)
Regarding the Violation(s) of the Motor)
Carrier Safety Statutes, Rules and Regulations) Docket No. 20-TRAM-457-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 19, 2020, Hunter Trucking, LLC received valid service of the Penalty Order issued by the Commission on May 14, 2020.

Dated this 29th day of May, 2020.

Respectfully submitted,

/s/ Ahsan A. Latif
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. 20-457-16N</p>		<p>Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>JOHN HUNTER, MANAGING MEMBER HUNTER TRUCKING, LLC 987 N ROAD LARNED, KS 67550-5103</p>		<p>B. Received by (Printed Name) <i>Gina Hunter</i></p>	<p>C. Date of Delivery <i>5/19/20</i></p>
		<p>Address different from item 1? <input type="checkbox"/> Yes If delivery address below: <input type="checkbox"/> No</p>	
<p>5-14  9590 9402 2218 6193 7400 36</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label) 7012 2920 0001 4263 5568</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	
		<p>Domestic Return Receipt</p>	