

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Alejandro**)
Gonzalez, d/b/a Gonzalez Repair and)
Towing, of Olathe, Kansas, Regarding the)
Violation(s) of the Motor Carrier Safety) Docket No. 17-TRAM-319-PEN
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 January 31, 2017, Alejandro Gonzalez, d/b/a Gonzalez Repair and Towing received valid service of the Penalty Order issued by the Commission on January 26, 2017.


Dated this 14th day of February, 2017.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709
Litigation Counsel
Kansas Corporation Commission
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Topeka, Kansas 66604
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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>17-319-PEN</i> 		<p>A. Signature <i>Alejandro</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Delfino</i> C. Date of Delivery <i>7/31/17</i></p>	
<p>ALEJANDRO GONZALEZ, OWNER OPERATOR ALEJANDRO GONZALEZ DBA REPAIR AND TOWING 165 N NORMANDY DRIVE OLATHE, KS 66061-3887</p>		<p>Address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No or delivery address below:</p>	
<p>1-2  0590 9402 2448 6249 5990 13</p>		<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <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 </div> <div> <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 </div> </div>	
<p>2. Article Number (Transfer from service label) 7016 1970 0001 0574 2079</p>			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	