

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

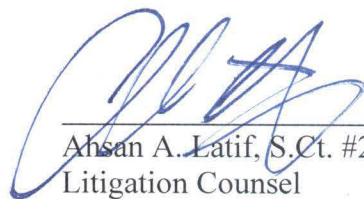
In the Matter of the Investigation of **Brian F.** )  
**Lovgren, d/b/a T R L Trucking, of Kansas** )  
**City, Kansas,** Regarding the Violation(s) of )  
the Motor Carrier Safety Statutes, Rules and ) Docket No. 16-TRAM-153-PEN  
Regulations and the Commission's Authority )  
to Impose Penalties, Sanctions 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 November 21, 2015, Brian F. Lovgren, d/b/a T R L Trucking received valid service of the Penalty Order issued by the Commission on October 13, 2015.

Dated this 30 day of November, 2015.

Respectfully submitted,



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Ahsan A. Latif, S.Ct. #24709  
Litigation Counsel  
Kansas Corporation Commission  
1500 SW Arrowhead Road  
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For Commission Staff

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits. <i>16-153-PEN</i></li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>B. Lovgren</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
BRIAN F. LOVGREN, OWNER BRIAN F. LOVGREN D/B/A T R L TRUCKING 4549 SHAWNEE DR KANSAS CITY, KS 66106-3651	B. Received by (Printed Name) <input checked="" type="checkbox"/> <i>B. Lovgren</i>	C. Date of Delivery <input type="checkbox"/> <i>11/5/11</i>
 <i>10-13</i> 9590 9403 0605 5183 2470 40	address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7010 3090 0000 7200 3077	3. Service Type <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	
PS Form 3811, April 2015 PSN 7530-02-000-9053		Domestic Return Receipt