

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Moly** )  
**Manufacturing, Inc., of Lorraine, Kansas,** )  
Regarding the Violation(s) of the Motor )  
Carrier Safety Statutes, Rules and Regulations ) Docket No. 17-TRAM-557-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 June 30, 2017, Moly Manufacturing, Inc. received valid service of the Penalty Order issued by the Commission on June 27, 2017.


Dated this 10 day of July, 2017.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709  
Litigation Counsel  
Kansas Corporation Commission  
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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. <b>17-557-PEN</b></p>		<p>A. Signature  <input checked="" type="checkbox"/> <i>LaVencia Smith</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		<p>B. Received by (Printed Name) <i>LaVencia Smith</i> C. Date of Delivery <i>6-30-17</i></p>	
<p>RAY STURN, DIRECTOR OF OPERATIONS  MOLY MANUFACTURING, INC.  2435 10TH RD  LORRAINE, KS 67459-9938</p>		<p>Address different from item 1? <input type="checkbox"/> Yes  or delivery address below: <input type="checkbox"/> No</p>	
<p>  <b>17-27</b> 9590 9402 2448 6249 6034 37</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><input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)  <b>7016 1970 0001 0574 0501</b></p>			
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	