

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

In the Matter of the Investigation of **S & S** )  
**Trucking, Inc., of Mentor, Kansas,** )  
Regarding the Violation(s) of the Motor )  
Carrier Safety Statutes, Rules and Regulations ) Docket No. 20-TRAM-241-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 December 16, 2019, S & S Trucking, Inc. received valid service of the Penalty Order issued by the Commission on December 12, 2019.

Dated this 3<sup>rd</sup> day of January, 2020.


Respectfully submitted,



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Ahsan A. Latif, S.Ct. #24709  
Litigation Counsel  
Kansas Corporation Commission  
1500 SW Arrowhead Road  
Topeka, Kansas 66604  
(785) 271-3118 (Telephone)  
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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. <b>30-241-PEN</b></li> </ul> | <p>A. Signature</p> <p><i>X Tony Steenson</i></p>  | <p><input checked="" type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</p> |  |   |  |   |   |  |   |   |  |  |  |   |   |  |
| <p>SHELBY STEENSON, PRESIDENT<br/>S &amp; S TRUCKING, INC.<br/>160 N WASHINGTON<br/>MENTOR, KS 67416-8979</p>  | <p>B. Received by (Printed Name)</p> <p><i>Tony Steenson</i></p>   | <p>C. Date of Delivery</p> <p><i>12-16-19</i></p>                                       |  |   |  |   |   |  |   |   |  |  |  |   |   |  |
|  | <p>Address different from item 1? <input type="checkbox"/> Yes<br/><input checked="" type="checkbox"/> No<br/>If delivery address below:</p>   |   |  |   |  |   |   |  |   |   |  |  |  |   |   |  |
| <br><p>1291 9590 9402 2589 6336 9324 84</p>   | <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 checked="" 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"/> Registered Mail 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 checked="" 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"/> Registered Mail Restricted Delivery (over \$500) |  |
| <input type="checkbox"/> Adult Signature   | <input type="checkbox"/> Priority Mail Express®  |   |  |   |  |   |   |  |   |   |  |  |  |   |   |  |
| <input type="checkbox"/> Adult Signature Restricted Delivery   | <input type="checkbox"/> Registered Mail™  |   |  |   |  |   |   |  |   |   |  |  |  |   |   |  |
| <input checked="" 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"/> Registered Mail Restricted Delivery (over \$500)  |  |   |  |   |  |   |   |  |   |   |  |  |  |   |   |  |
| <p>2. Article Number (Transfers from service labels)</p> <p>7012 2920 0001 4263 6771</p>   | <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>  |   |  |   |  |   |   |  |   |   |  |  |  |   |   |  |