

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of **John B. File, d/b/a JB File, of Beloit, Kansas,**)
Regarding the Violation(s) of the Motor)
Carrier Safety Statutes, Rules and Regulations) Docket No. 20-TRAM-292-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 January 22, 2020, John B. File, d/b/a JB File received valid service of the Penalty Order issued by the Commission on January 14, 2020.


Dated this 30th day of January, 2020.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709
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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>20-292-PEN</i> 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>John B File</i></p>	<p><input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p>
<p>JOHN B. FILE, OWNER JOHN B. FILE D/B/A JB FILE 508 HIGHLAND AVE BELOIT, KS 67420-1810</p>	<p>B. Received by (Printed Name)</p> <p><i>John B File</i></p>	<p>C. Date of Delivery</p> <p><i>1-22-20</i></p>
 <p><i>F14</i> 9590 9402 2218 6193 7303 27</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7012 2920 0001 4263 6399</p>	<p>Address different from Item 1? <input type="checkbox"/> Yes</p> <p>or delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>