

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Dustin O.**)
Wyland, d/b/a Olin Wyland Trucking, of)
Mulberry, Kansas, Regarding the Violation(s))
of the Motor Carrier Safety Statutes, Rules and) Docket No. 19-TRAM-407-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 April 23, 2019, Dustin O. Wyland, d/b/a Olin Wyland Trucking received valid service of the Penalty Order issued by the Commission on April 16, 2019.


Dated this 26th day of April, 2019.

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. <i>9-407-PEN</i></p>		<p>A. Signature <i>x</i> <i>Bethany Wyland</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>B. Wyland</i> C. Date of Delivery <i>9/23</i></p> <p>Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p>	
<p>DUSTIN O. WYLAND, OWNER DUSTIN O. WYLAND D/B/A OLIN WYLAND TRUCKING 118 S HICKORY MULBERRY, KS 66756</p>			
 <i>4</i> 9590 9402 2589 6336 9036 68		<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>2 Article Number (Transfer from service label)</p> <p>7012 2920 0001 4263 4098</p>		<p>Mail Restricted Delivery</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	