

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of Bill)
Woodward, SAAW Operating LLC,)
Protection, Kansas, Regarding the Violation(s))
of the Motor Carrier Safety Statutes, Rules and) Docket No. 24-TRAM-339-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, Alex Woodward, SAAW Operating LLC, Protection, KS, received valid service of the Penalty Order on 11-18-23; issued by the Commission on 11-9-23.

Dated this 20th day of November, 2023.

Respectfully submitted,

/s/ Ahsan A. Latif

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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Alex Woodward</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Alex Woodward</i> 11/18/23</p>
<p>1. Article Addressed to:</p> <p>BILL WOODWARD, OWNER SAAW OPERATING LLC 824 AVENUE L PO Box 481 PROTECTION, KS 67127</p>	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p> <p><i>Kansas Corporation Commission</i> <i>PO Box 481</i> NOV 20 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0737 2742 52</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"/> Insured Mail</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"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Mail Restricted Delivery (0)</p>

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt