

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

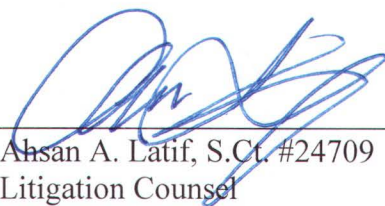
In the Matter of the Investigation of)
Blackburn's All Star Roofing, Inc., of)
Kansas City, Kansas, Regarding the)
Violation(s) of the Motor Carrier Safety) Docket No. 19-TRAM-183-PEN
Statutes, Rules and Regulations and the)
Commission's Authority to Impose Penalties,)
Sanctions and/or the Revocation 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 December 17, 2018, Blackburn's All Star Roofing, Inc. received valid service of the Penalty Order issued by the Commission on November 8, 2018.

Dated this 14 day of January, 2019.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709
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Kansas Corporation Commission
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Topeka, Kansas 66604
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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>19-183-PEN</i></p>	<p>A. Signature <div style="display: flex; align-items: center;"> X <div style="margin-left: 20px;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> </p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>B. Received by (Printed Name)</p> </div> <div style="width: 35%;"> <p>C. Date of Delivery <div style="border: 1px solid black; padding: 2px; display: inline-block;">12-17-18</div> </p> </div> </div>
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>BOB STEVENS, GENERAL MANAGER BLACKBURN'S ALL STAR ROOFING, INC. 902 OSAGE KANSAS CITY, KS 66105</p> </div> <div style="width: 35%; text-align: right;"> <p>Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p> </div> </div>	
<div style="text-align: center;"> </div> <p><i>11-6</i> 9590 9402 2589 6336 9300 46</p>	<p>3. Service Type</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <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"/> Insured Mail Restricted Delivery</p> </div> <div style="width: 50%;"> <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> </div> </div>
<p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> 7016 1970 0001 0574 4745 </div>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>	