

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS


In the Matter of the Investigation of **Inman** )  
**Irrigation Specialists, Inc., of Inman,** )  
**Kansas,** Regarding the Violation(s) of the )  
Motor Carrier Safety Statutes, Rules and ) Docket No. 18-TRAM-192-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 January 12, 2018, Inman Irrigation Specialists, Inc. received valid service of the Order Amending Penalty Assessment issued by the Commission on January 9, 2018.

Dated this 19 day of January, 2018.


Respectfully submitted,



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Ahsan A. Latif, S.Ct. #24709  
Litigation Counsel  
Kansas Corporation Commission  
1500 SW Arrowhead Road  
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. <i>Amd. P.O.</i></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>8-192-PEN</i></p>		<p>A. Signature  <i>x Annabel Stewart</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Annabel Stewart</i> C. Date of Delivery <i>1/12/18</i></p> <p>Address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            If delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>ANNABE L. STEWART, PRESIDENT            INMAN IRRIGATION SPECIALISTS, INC.            892 ARAPAHO ROAD            INMAN, KS 67546-8002</p>			
<p>  <i>1-9</i> 9590 9403 0605 5183 2464 70</p>		<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><input type="checkbox"/> Mail Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)            7016 1970 0001 0574 4653</p>			
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	