

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

In the Matter of the Investigation of Brandon J. )  
Schwartz d/b/a Brand Schwartz Trucking of )  
Great Bend, Kansas, regarding the Violation(s) )  
of the Motor Carrier Safety Statutes, Rules and ) Docket No. 25-TRAM-095-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, Brandon J. Schwartz d/b/a Brandon Schwartz Trucking of Great Bend, Kansas, received valid service of the Penalty Order on 8/1/24, issued by the Commission on 7/25/24.

Dated this 9th day of August, 2024.

Respectfully submitted,

*/s/ Ahsan A. Latif*

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Ahsan A. Latif, S.Ct. #24709  
Litigation Counsel  
Kansas Corporation Commission  
1500 SW Arrowhead Road  
Topeka, Kansas 66604  
(785) 271-3118 (Telephone)  
(785) 271-3167 (Facsimile)  
[a.latif@kcc.ks.gov](mailto:a.latif@kcc.ks.gov) (Email)

For Commission Staff

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery        8/11/24</p>
<p>1. Article Addressed to:</p> <p>BRANDON J. SCHWARTZ, OWNER        BRANDON J. SCHWARTZ D/B/A BRANDON        SCHWARTZ TRUCKING        P.O. BOX 396        GREAT BEND, KS 67530</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No        or delivery address below: <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>Kansas Corporation Commission</b></p> <p style="text-align: right; font-size: 1.2em;">AUG 05 2024</p> <p style="text-align: center;"><u>Office of Litigation Counsel</u></p> <p> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Mail Restricted Delivery (0)       </p> <p> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery       </p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8331 3094 4304 64</p> <p>9589 0710 5270 0638 9812 66</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>	