

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

In the Matter of the Investigation of Bixenman )  
Bros Inc. of Grainfield, Kansas regarding the )  
Violation(s) of the Motor Carrier Safety )  
Statutes, Rules and Regulations and the ) Docket No. 25-TRAM-203-PEN  
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 11-22-24, Ron Bixenman of Bixenman Bros Inc. of Grainfield, Kansas received valid service of the Penalty Order issued by the Commission on 11-14-24.

Dated this 3<sup>rd</sup> day of December, 2024.

Respectfully submitted,

*/s/ Ahsan A. Latif*

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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	
<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>	A. Signature <input checked="" type="checkbox"/> <i>Ron Bixenman</i> <div style="float: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </div>	
1. Article Addressed to:  RON BIXENMAN, OWNER BIXENMAN BROS INC. 12515 S RD 50 W GRAINFIELD, KS 67737	B. Received by (Printed Name) <i>Ron Bixenman</i>	C. Date of Delivery <i>11-23-24</i>
2. Article Number (Transfer from service label)  9589 0710 5270 0633 5140 56	D. Is delivery address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No  <div style="text-align: center;">             Kansas Corporation Commission  <b>DEC 02 2024</b>              Office of Litigation Counsel           </div> E. Service type <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 (DD) <div style="float: right;"> <input checked="" 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           </div>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt