

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of Jacinto)
Casas Lozano d/b/a Jacinto's Trucking, of)
Syracuse, Kansas, Regarding the Violation(s))
of the Motor Carrier Safety Statutes, Rules and) Docket No. 24-TRAM-234-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 9-29-2023, J. Casas Lozano received valid service of the Penalty Order issued by the Commission on 9-14-2023.

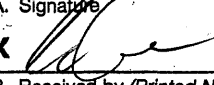
Dated this 5th day of October, 2023.

Respectfully submitted,

/s/ Ahsan A. Latif

Ahsan A. Latif, S.Ct. #24709
Litigation Counsel
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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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: right;">7/29/23</p>
<p>1. Article Addressed to:</p> <p>JACINTO CASAS LOZANO, OWNER JACINTO CASAS LOZANO D/B/A JACINTO'S TRUCKING PO BOX 1131 SYRACUSE, KS 67878-0986</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;"><i>Kansas Corporation Commission</i></p> <p style="text-align: center;">OCT 05 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8330 3094 9744 57</p>	<p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</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"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery (00)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	