

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Sheffield** )  
**Sawmilling LLC, of Manhattan, Kansas,** )  
Regarding the Violation(s) of the Motor )  
Carrier Safety Statutes, Rules and Regulations ) Docket No. 20-TRAM-224-PEN  
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 November 29, 2019, Sheffield Sawmilling LLC received valid service of the Penalty Order issued by the Commission on November 26, 2019.

Dated this 5<sup>th</sup> day of December, 2019.

Respectfully submitted,



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															
<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. 20-224-P61</p>		<p>A. Signature  X Cheryl K. Smith <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>															
		<p>B. Received by (Printed Name)  Cheryl K. Smith</p>	<p>C. Date of Delivery  11-29-19</p>														
<p>NICHOLAS A. SHEFFIELD, MANAGING MEMBER  SHEFFIELD SAWMILLING LLC  1310 WESTLOOP PLACE BOX 165  MANHATTAN, KS 66502</p>		<p>Address different from item 1? <input type="checkbox"/> Yes  or delivery address below: <input type="checkbox"/> No</p>															
<p>11-26 9590 9402 2218 6193 7311 40</p>		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
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<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail Restricted Delivery																	
<p>2. Article Number (Transfer from service label)  7012 2920 0001 4263 6894</p>																	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>															