

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of Midtown)
Home Improvements Regarding Violations of)
the Kansas Underground Utility Damage)
Prevention Act (KUUDPA) (K.S.A. 66-1801,) Docket No. 25-DPAX-238-PEN
et seq., and K.A.R. 82-14-5) and the)
Commission's Authority to Impose Penalties)
and/or Sanctions (K.S.A. 66-1,151).)

PROOF OF SERVICE

The undersigned, Ahsan A. Latif, Litigation Counsel, hereby makes record that pursuant to the attached Domestic Return Receipt, Yvonne DiMoore of Midtown Home Improvements of Grandview, Missouri, received valid service of the Penalty Order on 12-23-24, issued by the Commission on 12-19-24.

Dated this 14th day of January, 2025.

Respectfully submitted,

/s/ Ahsan A. Latif

Ahsan A. Latif, S.Ct. #24709
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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 checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Vivonne D Moore</i></p> <p>C. Date of Delivery <i>12/23/21</i></p>
<p>1. Article Addressed to:</p> <p>JAROD BLADE, GENERAL MANAGER MIDTOWN HOME IMPROVEMENTS 4420 E 142ND STREET GRANDVIEW, MO 64030</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="text-align: center;">Kansas Corporation Commission</p> <p style="text-align: center;">JAN 13 2024</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 <input type="checkbox"/> Mail Restricted Delivery (00)</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>9589 0710 5270 0633 5142 85</p>	<p>9590 9402 8332 3094 4829 98</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	