

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of Joshua C.)
Brock d/b/a Josh Brock of Cimarron, Kansas)
regarding the Violation(s) of the Motor Carrier)
Safety Statutes, Rules and Regulations and the) Docket No. 25-TRAM-433-UCR
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, Kansas, received valid service of the Penalty Order on 7/21/25, issued by the Commission on 7/15/25.


Dated this 18th day of August, 2025.

Respectfully submitted,

/s/ Ahsan A. Latif

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 (Email)

For Commission Staff

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<div>■ Complete items 1, 2, and 3.</div> <div>■ Print your name and address on the reverse so that we can return the card to you.</div> <div>■ Attach this card to the back of the mailpiece, or on the front if space permits.</div>		<div>A. Signature<div><div>X <i>Joshua Brock</i></div><div><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</div></div></div> <div>B. Received by (Printed Name)<div><i>Joshua Brock</i></div></div> <div>C. Date of Delivery<div><i>7-21-25</i></div></div>	
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No	
<div>MR. JOSH BROCK, OWNER</div> <div>JOSHUA C. BROCK D/B/A JOSH BROCK</div> <div>PO BOX 1155</div> <div>CIMARRON, KS 67835-0115</div>		<div>Kansas Corporation Commission</div> <div><i>JUL 28 2025</i></div>	
<div></div> <div>9590 9402 9079 4122 7939 40</div>		<div><input type="checkbox"/> Adult Signature</div> <div><input type="checkbox"/> Adult Signature Restricted Delivery</div> <div><input checked="" type="checkbox"/> Certified Mail®</div> <div><input type="checkbox"/> Certified Mail Restricted Delivery</div> <div><input type="checkbox"/> Collect on Delivery</div> <div><input type="checkbox"/> Collect on Delivery Restricted Delivery</div> <div><input type="checkbox"/> Priority Mail Express®</div> <div><input type="checkbox"/> Registered Mail™</div> <div><input type="checkbox"/> Registered Mail Restricted Delivery</div> <div><input type="checkbox"/> Signature Confirmation™</div> <div><input type="checkbox"/> Signature Confirmation Restricted Delivery</div>	
2. Article Number (Transfer from service label)		Mail Mail Restricted Delivery (00)	
<div>9589 0710 5270 0639 9697 82</div>			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	